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Understanding how the dominant discourse of individualism within therapeutic recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process

By

Rodney B. Dieser

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements of a Doctor of Philosophy

Faculty of Physical Education and Recreation

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Understanding how the dominant discourse of individualism within therapeutic recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process?" submitted by Rodney B. Dieser in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Faculty of Physical Education and Recreation.

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ABSTRACT

This dissertation is presented as a collection of three research papers, each designed to stand alone, under the broad research investigation to understand how the dominant discourse of individualism within therapeutic recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process. The purpose of the first study was to investigate whether leisure education researchers have committed the individualistic-oriented fundamental attribution error (FAE). The FAE is a person's inflated belief in personal factors when explaining human behavior, together with the failure to recognize social and external variables (Ross & Nisbett, 1991). It was concluded that the FAE has occurred in leisure education research. The purpose of the second study was to identify, from the perspective of six certified therapeutic recreation specialists, how therapeutic recreation professionals who employ individualistically-oriented therapeutic recreation practice models manage cross-ethnic interaction in therapeutic recreation practice. Four salient themes which emerged from the data were: (1) implementation of Euro North-American individualistic concepts as universal notions, (2) awareness of diversity issues, (3) recognition of limited educational training regarding diversity issues, and (4) awareness of greater family involvement among ethnic minority clients during therapeutic recreation programing. The purpose of the third paper was to provide a genealogy of the therapeutic recreation certification process and highlight how it is situated in a dominant discourse of individualism. In particular, three disciplinary methods are

used to support and reinforce individualistic notions as a "common sense" or normal therapeutic recreation practice. First, the art of distribution is the disciplinary technique of individuation of space. Second, the examination combines hierarchal observation and a normalizing gaze to measure and prescribe interventions premised upon an assumption to treat clients as individuals or single cases. Third, the confessional is an act when an individual is exposed to an authority figure for self-reflection and self-knowledge purposes. Combined, these three disciplinary techniques unknowingly develop an archipelago of individualism within the therapeutic recreation profession. All three studies provide recommendations regarding future research, education, and practice.

DEDICATION

This dissertation is dedicated to my mother, Helen Dieser. In 1987, a month after graduating from high school, my mother died of cancer. Prior to her death, she called me into her room and gave me a one hundred-dollar bill. She pressed it firmly into my hand and told me that it was all that she had and she wanted me to go to college. That following fall, I began school at the Lethbridge Community College. I took that money and bought my first two textbooks. As I complete my doctoral dissertation, I feel that I have used my mother's money wisely and I know that she is pleased.

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First, and foremost, I want to acknowledge the support and sacrifice of my wonderful wife, and best friend, Ricki. She has supported my schooling endeavors for over a decade. In 1992, I transferred from the Lethbridge Community College (small community college) to the University of Utah (large university). The night before I began at the U of U, I disclosed to Ricki that I was afraid to go to a "real" university and I felt intimidated in relation to the size of the campus. The next morning she kindly volunteered to accompany me. I felt safe and secure that day knowing she was there supporting me and waiting for me after my first class. I can still feel her warm hand in mine as we walked across that immense campus. Ricki has been holding my hand for more than 10 years as I have gone to differing universities and moved throughout Canada and the United States. The meaning I gain in life flows from her and I am grateful to have such an extraordinary and kind women to share my life for eternity.

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CHAPTER I

INTRODUCTION

In the opening passage of the well-established book, The Evolution of Leisure, Goodale and Godbey (1988) posited "Whatever we think of leisure, even if only free time, we think it is a good thing" (p. 1). The focus on the "good" of leisure has been a fundamental aspect of leisure services since its development in the nineteenth century. To this end, most introductory textbooks regarding recreation and leisure (e.g., Austin & Crawford, 1996; Edginton, Jordan, DeGraaf, & Edginton, 1998; Kraus, 2001; Maclean, Peterson & Marin, 1985; Searle & Brayley, 2000; Sessoms & Henderson, 1994) present the goodness of recreation and leisure. For example, in the popular introductory book Recreation and Leisure in Modern Society, Kraus (2001) articulated the following ten benefits of community recreation: enriches quality of life, contributes to person development, enhances community attractiveness, prevents antisocial behavior, improves relationships, strengthens neighborhoods, helps people with special needs, maintains economic health, enriches community cultural life, and promotes health and safety. Moreover, the accomplished book A social psychology of leisure (Mannell & Kleiber, 1997) suggested seven psychological

benefits to leisure: psychological hedonism, need-compensation, personal growth, identity formation and affirmation, stress reduction, substitution theory of aging, and keeping busy.

Under the rubric of functionalist theories, and without a depthful analysis, the focus on the "good" of leisure has predominantly been premised upon universal notions of White middle class Euro North-American individualistic-oriented people (Wearing, 1998). For example, in questioning leisure integration practices for people with disabilities Fox and van Dyck (1997) asked the serious question, "Integration and inclusion begs the question — integration into what?" (p. 9). They answered this question by arguing that "Integration (and potentially inclusion) is often a process of bringing differentiated people into a dominant set of values and structures of a white, able-bodied society" (p. 9). Moreover, functionalist theory posits that leisure is necessarily cohesive to dominant norms and values of a society, and thus leisure " . . . would reinforce the norms and values of the society as a whole . . . (Wearing, 1998, p. 3).

In Canada and the United States a dominant value and norm is individualism (Bellah, Madsen, Sullivan, Swidler & Tipton, 1987, 1991, 1995; Dustin, McAvoy, & Schultz, 1995; Fish, 1996; Hofstede, 1991; Kingwell, 1998; Matsumoto, 1996; Seligman, 1990). Individualistic values give priority to individual goals and define personal identity in terms of personal attributes rather than group identification (Myers, 1993). The connections between people are loose in individualistic societies; most people are expected to look after

themselves (Hofstede, 1991). Furthermore, individualistic cultures embrace independence, personal causation (e.g., achievement), and constructs that represent the self (e.g., self-esteem, self-determination) (Choi, Nisbett & Norenzayan, 1999; Fish, 1996; Gudykunst, 1998).

The dominant norms of individualism are manifested and reinforced via meticulous rituals of everyday life through discursive actions and spaces in North American society. A sampling of such spaces and actions include: the legal language of rights and entitlements (Cairns, 2000; Bellah et al., 1991), personal identity (Baumeister, 1991), consumerism and personal appearance (Fiske, Hodge, & Turner, 1987; Kefgen & Touchie-Specht, 1981), politics and government (Cairns, 2000; Bellah et al., 1991), contemporary psychotherapy (Bellah et al., 1995; Corey, 1991; Rose, 1998), mainstream environmental ethics (Bell, 1998), prevailing definitions of happiness (Kingwell, 1998; Hudson, 1992), and the media and entertainment industry (Bellah, et al., 1995).

In this regard, the contemporary and popular benefits approach to leisure (BAL), which includes therapeutic recreation programing, is also premised upon functionalist theories of White Euro North American values of individualism (Wearing, 1998).[1] The ultimate purpose of BAL is to reposition recreation and leisure services among stakeholders (e.g., elected government officials, public)

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1 Both the National Recreation and Park Association (Javi, 1998) and the Canadian Parks/Recreation Association (1997) have endorsed the benefits approach as a promotional campaign to make decision-makers, stakeholders, and citizens aware of the benefits of recreation and leisure.

via marketing the benefits of leisure so that stakeholders will be persuaded and influence to support recreation and leisure services (Crompton & Witt, 1997; Driver, 1998). Although BAL can be oriented toward group (community satisfaction) and environmental benefits, a paramount aspects is to articulate specific and precise psychological benefits *at the individual level* (see Driver & Burns, 1999).

To this end, Dustin, McAvoy & Goodale (1999) underscored BAL is premised upon individualistic values and norms. The crux of their position is expressed in the following quotation regarding BAL:

> Indeed, the most common definitions of the terms treat them [benefit outcomes] as matters of person preference. Consequently, benefits can begin and end with the individual. Our field's approach [leisure services] to these phenomena in recent decades has been decidedly psychological. Our unit of analysis has been the person . . . (p. 35).

Dustin and his colleagues suggested that a benefits equation to leisure must be rooted in an ecological perspective that embraces social variables, such as community or families. In short, the current rhetoric regarding BAL is fundamentally rooted in a White middle class Euro North American individualistic paradigm.

In relation to the individualistic nature of BAL, Wearing (1998) has taken to task advocates of leisure benefits for their auspicious interpretation of the pervasiveness of leisure benefits, and failure to look at the disadvantages of

leisure which accumulate to people from differing cultural backgrounds. Wearing, building upon the work of Hamilton-Smith, critiqued the functional aspects of the BAL approach to research and policy as:

> . . . [Its] failure to look at the different benefits (or disbenefits) which accrue to people of different social class, gender, generation, ethnic or cultural backgrounds, or whatever. This arises not out of positivism per se, but rather out of its functionalist expression. In policy terms, it is perhaps one of the more dangerous research sicknesses — by failing to look at the different impact of programs on different sectors of the population, so minorities are all too likely to be either ignored or subjected to totally inappropriate programs (Hamilton-Smith, 1990 cited by Wearing 1998, p. 20).

The dominant individualistic-oriented view of the benefits of recreation and leisure is not a recent development. A contemporary interpretation of the founding members of the recreation movement illustrates that these men and women had individualistic characteristics and advocated play, recreation, and leisure programs which were rooted in Euro North-American individualistic values (see Duncan, 1991). According to Kraus (2001), Jane Addams, Luther H. Gulick, and Joseph Lee were the three most influential pioneers who developed the recreation movement. Although this trio (and others such as Frederick Law Olmsted, Jacob Riis) did contribute much to the development the American

recreation movement,[2] they also held the dispositions of American individualism — they were hard-boiled detectives and radicals (see Bellah et al., 1995 regarding how hard-boiled detectives and radicals exemplify personal characteristics of individualistic-oriented people and societies) who were able to individually fight and win battles against larger-than-life entities. The American value of individualism is exemplified in the following quotation by Duncan (1991) regarding pioneers in the recreation and leisure movement

> They [Jane Addams, Joseph Lee, Luther H. Gulick, Fredrick Law Olmstead, and Jacob Riis] continually fought city hall, organized labor strikes, marched in the streets, gave public speeches, and wrote award-winning articles deploring the living conditions of the poor . . . They were not meek and mild, easily intimidated or swayed by local politicians. They worked in, around, and with the political system. The political battles they fought gave them the skills needed in order to establish the park, playground and recreation services we enjoy today (p. 331)

Providing success stories of people who individually won battles against large social groups who became innovators of social movements via self-determination and personal leadership exemplifies the values of American individualism (see Bellah et al., 1995).

Although genuine in their attempts, these recreation pioneers may have

---

[2] These pioneers also influenced the playground and recreation movement in Canada (see Searle & Brayley, 2000).

unknowingly embraced individualistic Euro North American values. For example, Luther Gulick posited that play was an absolute necessity for the maintenance of democracy in an Euro-North American industrial society and Jacob Riis argued that creative play was necessary for teaching proper Euro-North American citizenship[3] (Duncan, 1991). Creative play, according to Child (1983), is premised upon Euro North-American individualistic notions. In her study, creative play (imaginative and constructive-oriented) was popular among English children but infrequently engaged in by Asian children:

> Overall Asian and English children vary, not only in the content, but also in the style of their play. In particular Asian children talked less frequently to play supervisors and were less active than English children of the same age. Asian children in general seem to lack the personal initiative of English children . . . Collectivism, as opposed to individualism, is one of the main cultural values stemming from the Asian family . . . solidarity and conformity rather than individual striving and achievement may be important norms inculcated in children. In contrast to English children, Asian children are not usually encouraged actively to experiment and strike out on their own, think independently and work out, for instance, puzzles and problems for themselves. Instead they are typically rewarded for dependence on adults and conformity to peer group norms. Reasons

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3 Play has important implications to leisure — play is the forerunner of much of the leisure behavior that occurs over the life span (Mannel & Kleiber, 1997; Kleiber, 1999).

> such as these may account in part for the difficulty experienced by many Asian children in deciding what to play with and when to change play activities (p. 180-181)

Furthermore, many original youth recreation and camp programs that were developed in the later 1800s and early 1900s, such as Camp Fire Boys and Girls, Boy and Girl Clubs of America, Young Men's Christian Associations, Outward Bound, and playground programs, taught core individualistic values of becoming self-directed individuals and developing self discipline (see Duncan, 1991; Johnson, 1979; Kraus, 2001; Priest & Gass, 1997).

Although there is scant research regarding a cross-cultural understanding of leisure (Chick, 1998; Floyd, 1998; Gramann & Allison, 1999; Hutchison, 2000), and therapeutic recreation (Dieser & Peregoy, 1999), some descriptive and explanatory research in the area of outdoor recreation suggests that people who embrace collectivistic values have differing leisure. A sampling of these studies underscored that outdoor recreation and leisure is social and collective rather than personal and individual (e.g., Bass, Ewert, & Chavez, 1993; Chavez, 1992; Gramann, Floyd, and Saenz, 1993; Walker, Deng, & Dieser, in press). To this end, Carr and Williams (1993) studied the influence of ancestral, generational, and acculturational differences on meaning and preference in outdoor recreation for Mexican-Americans. They operationalized ethnic differences as immigrants, Anglo, first generation, second generation, and Central Americans. Their research had three significant results. First, Mexican-American with Anglo ethnicity

visited forests more with friends and less with extended family than immigrants or Mexican-Americans that were first and second generation. Second, Central-Americans visited the forest more with collectivistic groups than the rest of the research groups. Third, Central-Americans, immigrants, and first generation Mexican-Americans visited the forest for the good of the activity, whereas second generation Mexican-Americans and Mexican-Americans with Anglo ethnicity visited the forest for personal means to escape the city. Likewise, Carr and Chavez (1993) discovered that outdoor barbecuing is different for Hispanic and White groups. For Hispanic people, the typical barbecue included a large group of people, on-site food preparation and an entire day of socializing. For White people, the typical barbecue included a family of four, home prepared foods, and a brief visit to the barbecue site. Recently, McDonald and McAvoy's (1997) extensive literature review regarding research on Native Americans and leisure clearly demonstrated how Native-American people maintain collectivistic values regarding leisure when compared to the dominant population:

> In the Euro-American world there is a tendency to fragment human experience into specific types, and to institutionalize this separation with labels like work and leisure. Native American cultures, in contrast, tend to see leisure as inseparable from a host of other concerns and interests. (p.151)

McDonald and McAvoy suggested that there is a need for more research on Native American leisure to identify culturally sensitive and emic theories of

leisure.

In spite of descriptive and explanatory studies being developed in outdoor recreation regarding cross-cultural difference, and the call for cross-cultural practice and research in therapeutic recreation (Allison & Smith, 1990; Fox & van Dyck, 1997; Peregoy & Dieser, 1997; Peregoy, Schliebner, & Dieser, 1997) and in other health professions (e.g., Arredondo et al., 1996; Center for Mental Health Services, 1998; Schulman et al., 1999; World Health Organization, 1997) there still is a dearth of research investigating cross-cultural differences in therapeutic recreation practice (Dieser & Peregoy, 1999).

Scope and Rationale

The purpose of this dissertation document is to investigate how the dominant discourse of individualism within therapeutic recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process.

This dissertation is presented as a collection of three research papers, each designed to stand alone under the broad framework of the research question. However, each paper has its own research objective. The first research objective (see chapter 3) is to uncover the dominant discourse of individualism pertaining to leisure education intervention research within the past twenty years in therapeutic recreation practice. This is accomplished via content analysis research. The second research objective (see chapter 4) is to describe how therapeutic recreation professionals who employ the dominant discourse of

individualism in therapeutic recreation practice models manage cross-cultural interactions with clients who are from ethnic minority cultures. Semi-structured qualitative research interviews were used to investigate this question. The third research objective (see chapter 5) is to examine and highlight how the therapeutic recreation certification process is situated in a dominant discourse of individualism, and thus unknowingly reinforces individualistic notions as "common sense" practice in therapeutic recreation. This last investigation is built on Foucault's (1977, 1998) genealogy research and framework of power, discourse, and techniques of discipline. However, before these three research papers are advanced, a literature review regarding therapeutic recreation, therapeutic recreation practice models, leisure education, individualism, culture, and dominant discourse is presented in chapter two. Furthermore the latter part of chapter two outlines the methods for data collection pertaining to the three research papers.

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Introduction to Literature Review (Chapter II)

This dissertation is presented as a collection of three research papers, each designed to stand alone under the broad research question of how do the dominant discourses of individualism within therapeutic recreation affect leisure education, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process? To this end, each research paper has a separate literature review oriented toward the research objectives articulated in each paper. However, to connect the three research papers to the broader research question, Chapter II is designed as a broad literature review

CHAPTER II

LITERATURE REVIEW

The purpose of this dissertation document is to present the research question of how the dominant discourse of individualism within therapeutic recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the therapeutic recreation certification process. Hence, this chapter provides a brief literature review regarding therapeutic recreation, leisure education, and dimensions of diversity.

Therapeutic Recreation

In the classic writing of Frye and Peters (1972), therapeutic recreation is defined as a process that utilizes recreation services for purposive interventions of some physical, emotional, and/or social behaviors to bring about a desired behavioral change and to promote individual growth and development. After analyzing differing definitions of therapeutic recreation, Iso-Ahola (1980) contended that therapeutic recreation is a specialized field within the social psychology of leisure, which is aimed at ameliorating a client's psychological and physical functioning and improving quality of life. That is, therapeutic recreation is an applied branch of the social psychology of leisure and a social psychological

endeavor. For Iso-Ahola (1980) the social psychology of leisure strives to understand the manner in which an individual is influenced by leisure and recreation, and that therapeutic recreation utilizes recreation and leisure to change or influence a person with special needs.

The quintessence of therapeutic recreation is the specialized application of leisure and recreation activities, or interventions, coupled with psychological therapy techniques that assist in improving quality of life, health, and functional capacities of persons with special needs (Austin 1997b; Carter, Van Andel, & Robb, 1995). Therapeutic recreation practice has developed from the disciplines of leisure, counseling psychology, and social psychology (Austin, 1997). Austin (1991) has gone so far as to argue that because therapeutic recreation is heavily influenced by social psychology, therapeutic recreation specialists are "applied social psychologists" (p. 59).

A Brief History of Therapeutic Recreation

O'Morrow (1980) argued that therapeutic recreation practices have existed throughout human societies. He outlined how differing cultures such as ancient civilizations, Greek-Roman States, and cultures of the middle ages used recreation as a purposeful intervention to help people with special needs. For example, O' Morrow highlighted the manner in which Soranus, a physician working within the Greek-Roman hospital system for soldiers, prescribed outdoor movement and music to relieve pain. Likewise, Crawford (1996a) outlined the way influential physicians and nurses including Phillippe Pinel and Jean Itard of

France, Benjamin Rush in America, and Florence Nightingale of Britain utilized recreation as a purposeful intervention to help people with special needs from 1700-1900.

Although there is debate pertaining to the history of therapeutic recreation, many leisure scholars agree that the birth of therapeutic recreation, as a distinct profession, began during and after the two World Wars (Carter et al, 1995; Crawford, 1996a; O' Morrow, 1980; Smith, Austin & Kennedy, 1996; Sylvester, 1989). The sudden influx of traumatic amputation and war related injuries to soldiers in American society prompted recreation and hospital staff to utilize recreation for two purposes: (1) to provide meaningful experiences to increase morale among injured soldiers, and (2) to utilize recreation as treatment to remedial injuries, disabilities, and illnesses (Carter et al., 1995; Crawford, 1996a). Using the metaphor of human development, Carter et al. (1995) divided the history of therapeutic recreation into four parts: birth and infancy (1935-1965), childhood (1966-1980), adolescence (1981-1990), and young adulthood (1991- present time).

During the birth and infancy period (1935-1965), therapeutic recreation achieved identity via support from the American Medical Association and the American Psychiatric Association. In this early developmental stage, two philosophical orientations emerged — one aimed at providing recreation and leisure experiences as an end-in-itself (to provide meaningful experiences for people with disabilities) and the other aimed at utilizing recreation and leisure as

a means-to-an-end (using recreation and leisure as treatment to remedial injuries, disabilities, and illnesses). As a means, therapeutic recreation uses recreation and leisure activity as an instrument for bringing about external results; as an end, recreation and leisure activity is enjoyed for its own sake (Sylvester, 1996). Peterson (1989) entitled the means-to-an-end as a "therapy approach" and the end-in-itself as a "leisure approach" to therapeutic recreation services. This two philosophical orientations to therapeutic recreation practice divided the profession and still fractionalize the contemporary field of therapeutic recreation (Compton, 1997; Crawford, 1996b; Skalko, 1997; Sylvester, 1996).

The childhood period (1966-1980) of therapeutic recreation development was marked by a strong push toward professionalism. In particular, a unified professional association was established when the National Therapeutic Recreation Society (NTRS) gained branch status within the National Recreation and Park Association (NRPA). Likewise, the following important professional elements occurred: two therapeutic recreation practice models were developed, standards of practice were created, and a voluntary credentialing process was established. However, weaknesses pertaining to research studies, developing a unique body of knowledge, and the quality of academic training plagued the professional establishment of therapeutic recreation.

The adolescence era (1981-1990) was fraught with struggles for autonomy as a professional organization. In 1981, the National Councils for Therapeutic Recreation Certification (NCTRC), which assumed management and

administration of the certification process for therapeutic recreation, was established. Certification is a voluntary national process whereby an agency (usually a non-governmental agency) recognizes the competencies of an individual who has met predetermined qualifications (Carter, 1989). Certification has been referred to as "title control" because those who become certified are entitled to use special professional titles identified by trademarked letters or phrases, such as the designation of a Certified Therapeutic Recreation Specialist (Carter, 1989). Furthermore, differing therapeutic recreation scholars (e.g., Carter, 1998) argued that the certification process helped therapeutic recreation move from an occupation to a recognized profession because certification identified performance of essential tasks, professional training, development of training institutions, advancement of credentialing tools, and articulation of rules.

In 1984, a group of clinically oriented therapeutic recreation specialists broke away from the NTRS to develop a more "therapy-oriented" organization known as the American Therapeutic Recreation Association (ATRA). Hence, two professional organizations represented therapeutic recreation leading to confusion pertaining to the role that therapeutic recreation was to play in the health profession (Skalko, 1997).

The young adult era (1991 - present) was a period of transition and confusion. Although ATRA and NTRS collaborated on special projects, such as issuing a joint statement concerning the role of therapeutic recreation in National Health Care Reform (ATRA, 1994) and developing a council on accreditation

(Carter, 1999), these two organizations were far apart in regard to working as a collective group (Crawford, 1996b; Sylvester, 1996). In regard to the dilemma of having two professional organizations with differentiating philosophies, Compton (1997) suggested that the creation of ATRA fractionalized the therapeutic recreation field by creating an artificial division between clinical and community practice. He questioned whether "one can determine the toll its entry into the field may have taken on the collective efforts that could have been gained through a more federated effort" (p. 45).

The young adult era solidified individual credentialing — a process whereby the competency level of a therapeutic recreation specialist is ensured via a national level certification program issued by the NCTRC (Carter & Folkerth, 1997). The end result is that students who pass the NCTRC's individual credentialing program earn the credentials of a Certified Therapeutic Recreation Specialist (CTRS). In 1996, the NCTRC revised its knowledge curriculum, which included knowledge areas in the following eight sections: background information, diagnostic groupings and populations served, assessment, planning the intervention, implementing the individual intervention plan, documentation and evaluation, organizing and managing services, and advancement of the profession.

During the young adult period the therapeutic recreation profession began to accumulate efficacy research demonstrating the effects of therapeutic recreation interventions on client outcomes and develop a distinct body of

knowledge. Temple University sponsored a national consensus conference on the benefits of therapeutic recreation in rehabilitation. Its subsequent publication, Benefits of therapeutic recreation: A consensus view (Coyle, Kinney, Riley, & Shank, 1991), provided an extensive typology conceptualized under the following six global benefits or outcomes: physical health and health maintenance, cognitive functioning, psychosocial health, growth and personal development, personal and life satisfaction, and societal and health care system outcomes. Likewise, the young adult era also crystalized a distinct body of knowledge, in particular, therapeutic recreation practice models (Bullock & Mahon, 1997; Voelkl, Carruthers, & Hawkins, 1997) and leisure education (Bullock & Mahon, personal communication, October, 21, 1999). These two distinct areas of knowledge, coupled with the certification process, distinguished therapeutic recreation from differing leisure fields (e.g., community recreation, outdoor recreation) and human service professions (e.g., occupational therapy, physical therapy).

Therapeutic Recreation Practice Models

Models are paramount in therapeutic recreation practice because they guide the practitioner in the process of intervention (Bullock & Mahon, 1997). This position is maintained by Austin (1997b) who stated that "It is critical that therapeutic recreation have well conceived models in order to interpret the profession to others and to provide a framework for practice in the field" (p. 141). A service model provides the framework for selecting, sequencing, and

organizing therapeutic recreation intervention (Bullock, 1998; Bullock & Mahon, 1997). That is to say, practice models provides professionals with a framework for thinking; models shape what professionals see, the questions professionals ask and the answers professionals provide (Freysinger, 1999). The most prominent therapeutic recreation service models are the leisure ability model (see Stumbo & Peterson, 1998; Peterson & Sumbo, 2000), the health protection/health promotion model (see Austin, 1998) and the therapeutic recreation service delivery/outcome model (see Van Andel, 1998). All three of these models are premised upon Euro-North American assumptions and are not cross-culturally sensitive (Dieser & Peregoy, 1999).

Leisure Education Models

Leisure education is defined as an educational process of teaching various recreation and leisure related attitudes, values, knowledge, and skills (Johnson, Bullock, & Ashton-Schaeffer, 1997; Peterson & Gunn, 1984). Bullock and Mahon (personal communication, October, 21, 1999) posited that *leisure education is therapeutic recreation.* That is, a distinct knowledge area that separates therapeutic recreation from other leisure disciplines (e.g., community recreation, special recreation) is its emphasis in leisure.

Although leisure education has expanded to a global community (see Ruskin & Sivan, 1995), the only leisure education model that has considered cross-cultural issue is the leisure education model advanced by Berryman and Lefebvre (1993). Whereas there are many important cross-cultural components in

this model (e.g., awareness and appreciation of one's own personal ethnic and cultural heritage, understanding of culturally diverse holidays and festivals), there are some paramount components of the model that are premised upon Western values of individualism (thus making this model problematic from a cross-cultural perspective). For example, leisure is defined within the psychological framework presented by Neulinger (1974, 1981), in which participants learn that leisure is a self-selecting experience that is premised upon perceived freedom and internal motivation. Likewise, a participant outcome is to articulate an "understanding of one's own leisure interests" (p. 188). This outcome, along with the way leisure is defined, fosters Euro-North American individualistic notions of leisure. As Stamps and Stamps' (1985) research suggested, leisure experiences among African-Americans may be premised upon collectivistic values with heavy involvements in church-oriented activities. Likewise, Kraus (1994) suggested that Mexican-American leisure activities are also premised upon groups, with heavy use of neighborhood leisure facilities and programs. Hence, the leisure education outcome to articulate an understanding of one's own leisure interests (Berryman & Lefebvre, 1993), would make little sense to certain members of people who are African-American, Mexican-American, and First Nation people.

Therapeutic Recreation In Canada

In 1997, the field of therapeutic recreation took an enormous step toward becoming a national profession when the Canadian Therapeutic Recreation Association was formed (see Booth & Comitz, 1996). Although the CTRA is an

organization located in Canada, therapeutic recreation has historically been influenced heavily by the developments of therapeutic recreation in the United States. Many Canadian therapeutic recreation and leisure scholars have articulated therapeutic recreations dependency upon United States perspectives. Hutchison's (1983) study of educational preparation for therapeutic recreation specialists in Canada suggested that concepts were taught based on American perspectives. Likewise, Thomas and Ostiguy (1998) described the manner in which the history of therapeutic recreation in Canada is influenced by American history. Furthermore, Mahon (2000) explained the manner in which therapeutic recreation in Canada is dependent on an American therapeutic recreation perspective

> Until very recently, the field of therapeutic recreation was quite underdeveloped in Canada, with there being no formal therapeutic recreation professional association and a lack of cohesion between therapeutic recreation practitioners. Most of the support for people working in therapeutic recreation came from such U.S.-based organizations as the National Therapeutic Recreation Association or the American Therapeutic Recreation Association . . . The short history of formal education in therapeutic recreation in Canada has meant that the body of knowledge related to therapeutic recreation has been largely developed south of our border (p. 173-174).

In this regard, the CTRA has internalized *core* American perspectives in

the development of a Canadian therapeutic recreation profession. Perhaps the most significant of these revolves around the CTRA's adoption of the American-based leisurability philosophy (see Peterson & Gunn, 1984; Peterson & Stumbo, 2000), which the NTRS has embraced as its official recreation position. The leisurability model and philosophy consist of three components: treatment, leisure education, and recreation participation. In the treatment phase, recreation and leisure activities specifically focus on improving clients' functional abilities, which ultimately will allow individual's to become involved in meaningful recreation and leisure. In the leisure education phase, the focus lies on the development of skills, attitudes, and knowledge related to leisure participation. The end goal of leisure education is to develop independent leisure functioning. In the recreation participation phase, the focus is on having client's acquire activity-based services so that they can engage in recreation experiences for the enjoyment of self-expression. The ultimate aim of the leisurability philosophy is to facilitating independent leisure functioning.

The adoption of the leisurability philosophy is observed readily in the CTRA (1995) philosophy statement. For example, the CTRA philosophy statement stated that "Therapeutic recreation interventions are directed toward treatment, leisure education and participant opportunities. These interventions support the goal of assisting the individual to maximize independence in leisure, optimal health and the highest possible quality of life" (p. 3). That is, the philosophy of the CTRA is almost identical to the NTRS philosophy to develop

independent leisure functioning in clients by following the three phases of treatment, leisure education, and recreation participation. Likewise, many provincial organizations, such as the Alberta Therapeutic Recreation Association, have adopted the leisurability philosophy as a philosophical position (see Alberta Therapeutic Recreation Association, 1997).

In addition, other core professional structures of the CTRA have been borrowed and modified from the NTRS and the ATRA. This is exemplified via the CTRA's code of ethics. The CTRA (1995) articulated that all four of its ethical principles ". . . are adapted from the Code of Ethics of the National Therapeutic Recreation Society and the American Therapeutic Recreation Association" (p. 4).

A most pressing issues in the contemporary field of therapeutic recreation in Canada is the attempt to increase professionalization by developing a certification process (Hutchison & McGill, 1992; Thomas & Ostiguy, 1998). Perhaps this is stated best in the words of a past co-chair of the CTRA (who is still very active in CTRA), "the work for certification is happening but is fraught with problems . . . A certification program needs to be devised that is national, portable from province to province, includes the majority of people, and is strict enough to not discredit the profession" (D. Murphy, personal communication, April 18, 2000).

A paramount motive for certification in therapeutic recreation (and other leisure services), is that certification will secure a foothold and improve the status

of the profession, particulary for leisure service providers working in the health care setting (Hutchison & McGill, 1992; O' Morrow, 1997; Vetter, Patterson, & Robbie, 1986). For example, O' Morrow (1980) suggested that the certification of therapeutic recreation will distinguish it as a legitimate profession and cause it to be associated with other allied health care professions such as occupational therapy. Other benefits of therapeutic recreation certification include protection of the consumer, increased competency of therapeutic recreation professionals, improved definition of the profession, and provisions of quality services (O'Morrow, 1997).

Some leisure scholars in Canada have argued against using certification (and other actions) to professionalize the field of therapeutic recreation and leisure services (Lord, Hutchison, & Van Derbeck, 1991; Hutchison & McGill, 1992; McGill, 1986; Singleton, 1986). Hutchinson & McGill (1992) argued that increased professionalism via certification and other mechanisms, may have the following limitations and problems:

1. Contribute to an over dependence on professionals and their solutions, rather than helping people with special needs take control of their lives.
2. Contribute toward the medicalization of society by adopting a medical model, rather than finding ways to increase personal and societal awareness regarding the importance of recreation and leisure for a healthy lifestyle.
3. Narrow the scope of professional practice and decrease creative innovation via enclosing leisure practitioners within walls of standards and competencies.
4. Develop a reliance on external motivators such as "looking good" to other professions and the public, rather than self-initiation and being focused on people who have special needs.

5. Lead to promoting national standards, as opposed to an understanding of regional and provincial differences.

6. Increase the development of "clientism" which is the process of placing people into dependent roles of being dependent upon an "expert."

7. Further sustain the misconception that people with disabilities need institutional settings and thus suggest that institutional settings serve the needs of people with special needs the best.

8. Change the perception of recreation and leisure from a personally chosen experience to an experience that is regimented and prescribed.

9. Reinforce the belief that some people are not ready to participate in recreation and leisure without the need of pre-participation therapy.

10. Provide a false sense of security, in which leisure providers become "paper-pushers" as opposed to people who provide support and resources for recreation and leisure participation.

Furthermore, Lord et al. (1991) argued that the values of professionalization (via actions such as certification) are an antithesis to the values of leisure and play. For them, leisure and play are associated with values of being spontaneous, unrestrained, risk taking, adventuresome, intuitive, open-minded, innovated, and undefined. In contrast, professionalization is associated with being self-restrained, inhibited, cautious, security-oriented, logical, close-minded, conventional, and fearful of the unfamiliar and undefined.

While the therapeutic recreation certification debate continues in Canada, there has been a flurry of support for making certification a reality. Thomas and Ostiguy (1998) reported that Therapeutic Recreation Ontario already has begun to establish a framework to establish a certification program that is premised on the three components of education, experience, and professional affiliation. Likewise,

the CTRA website has marketed certification as a future benefit of CTRA membership (see www.canadian-tr.org).

In addition, some Canadian therapeutic recreation institutions and practitioners have advocated and supported the American certification process. For example, Dalhousie University was accepted as one of two preceptor sites in North America for the American-based National Council on Therapeutic Recreation Certification (NCTRC) examination (Hood, 1996): "This means that students who wish to become certified through NCTRC can do so at Dalhousie University without traveling to the United States to complete their internships" (p. 7). Likewise, Reddick (1996) highlighted the manner in which Canadians could become certified via an equivalency path offered by the NCTRC. Furthermore, Carter (1998), who is very active in NCTRC, published an article in the Canadian Journal of Leisurability outlining the manner in which certification has increased professionalism in the United States so that Canadians could determine if they wanted to follow the American experience.

Dimensions of Diversity

Cultural diversity refers to the recognition of differences among cultures and the implications of these differences so that cross-cultural understanding can be accomplished (Henderson, 1995).There are numerous dimensions of diversity (Allison, 2000; Matsumoto, 1996), although most people usually identify with a core culture or dimension (Stryker, 1987). That is to say, people have a core cultural identity and simultaneously belong to differing cultures, thus making

them multicultural beings (Gudykunst, 1998; Pedersen, 1994). An individual's multiple cultures include primary dimensions of cultural diversity (cultural characteristics that are usually, but not always, obvious when first meeting someone) such as ethnicity, gender, and race, as well as secondary cultures (cultural characteristics that are usually, but not always, not obvious when first meeting someone) such as religious beliefs, educational level, and socioeconomic status (Allison, 2000; Edginton, Jordan, DeGraaf, & Edginton, 1998; Gudykunst, 1998; Jordan, 1996; Pedersen, 1994). For example, an individual may have a core cultural identity based upon ethnicity (e. g., African-American), but simultaneously have cultural identities affiliated with upper-middle class, female, academic cultures. Additionally, another person may have a core cultural identity premised upon religion (e.g., Baptist Christian), but simultaneously may have cultural identities affiliated with a middle class, blue-collar, African-American cultures.

Furthermore, a broad understanding of diversity recognizes differences and similarities, and thus can build bridges of shared concern, expectations, and values that can bind culturally different people together (Pedersen & Jandt, 1996). The importance of building relationships via understanding cultural differences and similarities has surfaced in contemporary Canadian politics by scholars and Aboriginal leaders. Recently Cairns (2000), building upon Hawthorn

Report[4], argued that it is paramount that cross-cultural interactions stress differences and similarities because all people reflect multiple cultures (see also Rushdie, 1992; Said, 1993). Cairns (2000) advocated a "citizens plus" language and metaphor for Aboriginal people in Canada — the "plus" dimension speaks to Aboriginal uniqueness and the "citizen" addresses the similarities of being Canadian. The Meti historian, Dickason, highlighted that many Aboriginal people and leaders supported and advocated the Hawthorn Report (Dickason, 1992) and citizens plus concept (Dickason, 2000). For example, the Indian Association of Alberta and the National Indian Brotherhood referred positively to the citizens plus concept and used it to write the Red Papers, which was a treatise used to defeat the Federal governments White Papers document which attempted to assimilate Aboriginal people into White Canadians (Cairns, 2000). Likewise, in a document called Citizens Plus, which was premised upon the Hawthorn Report, the Indian Chiefs of Alberta asserted the importance of their collective cultural rights and argued for self-government (Mawhiney, 1995). In this regard, Harold

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The Hawthorn report (led by the anthropologist Harry B. Hawthorn) was a Canadian federal government inquiry and advisory report into the socio-economic, political, and constitutional conditions of status Indians in the mid-1960's. Some of the recommendations of the Hawthorn Report were: (1) focusing on differences and shared similarities of Aboriginal people and Canadian citizens (2) rejecting governmental assimilation strategies (3) advocating awareness of Aboriginal history, and (4) justifying special entitlements for Aboriginal people. Many Aboriginal organizations, such as the Indian Association of Alberta and the National Indian Brotherhood, supported the Hawthorn Report. The Federal government ignored the recommendations of the Hawthorn Report and responded to the report by developing the White Papers of 1969. The White Papers were rejected by most Aboriginal people and organizations of Canada. The development of the White Papers had little consultation with Aboriginal people and advocated Euro-North American values, such as individualism, freedom, and competition (see Cairns, 2000; Dickason, 1992; Mawhiney, 1995).

Cardinal (1969), a recognized First Nation leader in Canada, argued that Canadians will need to accept and recognize that Aboriginal people are full Canadian citizens who also possess special rights. Speaking of the citizens plus concept, Dickason (2000) posited it puts into human and political terms what the Elders teach about the interconnectedness of the natural world.

Pedersen's Culturally Dominant Assumptions in Helping Professions

In relation to human diversity, it is important that human and health professions, including therapeutic recreation, recognize and understand culturally biased services (Schram & Mandell, 2000). Pedersen (1994) underscored six culturally biased assumptions that are prominent in most helping professions. Building upon Pedersen's academic work, Dieser and Peregoy (1999) underscored the manner in which these six culturally biased assumption are found in the conceptual foundation of therapeutic recreation service delivery.

The first culturally biased assumption is that we share a single measure of normal behavior. This assumption suggests that the definition of normal behavior is universal across cultural backgrounds. An example of this culturally learned bias is Paterson's (1978) position that the aim of therapy is to facilitate the development of self-actualization in clients, regardless of culture. Regarding Patterson's position, Draguns (1989) argued that therapy is aimed at the distress or problem that a client cannot alleviate and purported that "Self-actualization is an important and worthy but not universal goal" (p. 11).

The second culturally biased assumption is that individuals are the basic

building blocks of a society. In helping professions, this is illustrated when intervention is primarily directed toward the development of individuals (e.g., a person centered approach) rather than the groups with which an individual is affiliated, such as family or the community. Sue and Sue (1990) suggested that a person-centered orientation emphasizes individualistic values such as personal goals, motivations, and feelings, believes that success and failure is attributable to the individual (an internal locus of control), and believes that there is a strong relationship between effort and success. These axioms are not appropriate for people who endorse collectivistic values. For example, when mental health problems arise in American Indian communities, they do not become problems of the individual, rather they become problems for the entire community, such as family, extended family, and friends (LaFromboise et al., 1990).

The third assumption is that other people understand our abstractions in the same way that we intend them. Constructs have little meaning without putting the concepts in a contextual setting. For example, the construct of self-determination in American Indian culture refers to collectivistic action, whereas in mainstream culture this construct pertains to individual choices (Edwards, Drews, Seaman, & Edwards, 1994).

The fourth axiom is that independence is desirable and dependence is undesirable. Many cultures view interdependence and dependance as healthy and absolutely necessary. For example, Waldram (1997) reported that it is very common for many Native people not to make any individual decisions regarding

treatment for a problem until receiving proper direction and guidance from Elders.

The fifth culturally encapsulating assumption is that clients are helped more by formal therapy than by their culturally-appropriate support systems. For example, when working with American Indians, many traditional cultural models of healing can be facilitated for the client (Lee & Armstrong, 1995; Peregoy, 1993; Thomason, 1991). Symbolic healing is one example of a traditional American Indian cultural model that is premised upon cultural support systems (Waldram, 1997). Symbolic healing interventions may include a sweat-lodge ceremony or a sacred talking circle (Waldram, 1997).

The sixth assumption is that all people depend upon linear thinking to understand the world around them, where each cause has an effect and each effect is attached to a cause. People from differing cultures may perceive cause and effect as two aspects of the same undifferentiated reality with neither cause nor effect being separate from each other. Lee and Armstrong (1995) suggested that many cultures value circular thinking which extends into a subjective realm characterized by intuitive reasoning. Ross (1992) explained how many First Nation people of Canada behave and follow thinking patterns of life revolving (as opposed to evolving) in which they follow their emotions, rather than cause and effect thinking. The following lengthy quotation from Ross (1992) explains the difference between linear and circular thinking:

We see ourselves on a road, moving forward, progressing down some

> linear track that promises constant improvements and discovery, from cancer cures to life on Mars. Our eyes are forward, the past is of largely academic interest, the present only an instant we race through to arrive at a different tomorrow. In our belief system we dedicate ourselves to a single track: creating change . . . What if our conviction was not that we were born to continue traveling down an infinitely changing road, but instead, that our destiny was to repeat what had been done before, to walk in the footsteps of all who had gone before, to think the same thoughts they had already thought . . . We would be taking our turn at the wheel of life rather than moving ahead from where others had left off. The shape of existence would be circular, not evolving, but revolving. The past, present and future would always be essentially the same. (p. 89-90).

The last assumption is that cultural history is not relevant for a proper understanding of a contemporary issue. Many African-Americans perceive White therapists as acting as change agents for mainstream America because of the history of the way White people treated African-Americans in the United States (Vontress, 1981). In this regard, McFadden (1993) argued that all helping professionals should conduct a cultural history as part of the assessment procedure.

The Research Question and Objectives

The research question found at the basis of this dissertation document is to explore how the dominant discourse of individualism within therapeutic

recreation affects leisure education intervention, the utilization of therapeutic recreation practice models, and the certification process. Moreover, three research objectives are (1) to uncover the dominant discourse of individualism pertaining to leisure education intervention research from 1978 - 1998, (2) to describe how therapeutic recreation professionals who employ the dominant discourse of individualism in therapeutic recreation practice models manage cross-cultural interactions with clients who are from an ethnic minority backgrounds, and (3) to examine the way individualism is related to the professional actions of therapeutic recreation certification.

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CHAPTER III

RECOGNIZING THE FUNDAMENTAL ATTRIBUTION ERROR IN LEISURE EDUCATION RESEARCH
(Paper #1)

ABSTRACT

The purpose of this study was to investigate whether leisure education researchers have collectively committed the fundamental attribution error (FAE). The FAE is a person's inflated belief in personal factors when explaining behavior (whether one's own behavior or the behavior of others), together with the failure to recognize social and external variables (Ross & Nisbett, 1991). This study examined how leisure education learning components (n=121) were conceptualized in research articles during 1978-1998. Once leisure education components were clustered into 19 similar patterns only two components focused attention on changing external variables. It was concluded that leisure education researchers have indeed committed the FAE. Recommendations regarding future leisure education research and practice are provided.

KEYWORDS: Attribution theory, content analysis, fundamental attribution error, leisure education, and individualism.

Increasingly, leisure education[5] is seen as important in North America and throughout the global community (see Ruskin & Sivan, 1995). Many leisure scholars and practitioners have made convincing arguments that leisure education should be premised upon an individual developmental model (e.g., Bullock & Mahon, 1997; Dattilo, 1999; Dieser & Voight, 1998; Dunn, 1998; Mundy, 1990, 1998; Peterson & Stumbo, 2000; Searle, Mahon, Iso-Ahola, Sdrolias and van Dyck 1995, 1998; Wall & Dattilo, 1995; Wuerch & Voeltz, 1982). A problematic consequence of having an intervention premised primarily on an individual developmental model is that clients, practitioners, and other people (e.g., members of a support network) may ignore social and situational variables (Sylvester, 1983; Witt, 1991) and draw erroneous inferences regarding clients' dispositions. This inaccuracy has been titled 'the fundamental attribution error' (Ross, 1977).

This study investigated whether leisure education researchers have committed the fundamental attribution error. This research paper has three main sections. The first section provides a literature review of attribution theory, the fundamental attribution error and leisure education. The next section describes the findings of content analysis research that examined the conceptualization of leisure education components between 1978-1998. The last section provides a

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Because leisure education and leisure counseling are largely interrelated via a similar process of examining and changing leisure attitudes, knowledge, skills, and experiences (Edginton, Hanson, Edginton, & Hudson, 1998), for the purpose of this paper, leisure education will be used as an umbrella term which includes leisure counseling.

discussion of the research findings.

Literature Review

Attribution Theory and the Fundamental Attribution Error

Attribution theory describes the systematic patterns people use when assigning cause to a human event (Peterson & Seligman, 1984; Weiner, 1985). Common paradigmatic assumptions across attribution theory are that people seek to make sense of the world (Kelley, 1971), people spontaneously assign human events to causes (Multon, 1993; Weiner, 1985) and that people assign causality in a consistent way, known as an explanatory style (Abramson, Seligman, & Teasdale, 1978; Peterson & Seligman, 1984; Metalsky & Abramson, 1981).

The fundamental attribution error is the tendency to overestimate dispositional or internal attributions of a person when explaining or modifying behavior, and to underestimate the influence of the actual situation or other external factors (Alcock, Carment, & Sadava, 1991; Ross, 1977). That is, the fundamental attribution error is a person's inflated belief in personal factors when explaining or modifying behavior (whether it is one's own behavior or the behavior of others), together with the failure to recognize social and external variables (Ross & Nisbett, 1991). Alcock et al. (1991) underscored that "this tendency to exaggerate the importance of personal factors and to underestimate the influence of other people and other aspects of the situation is called the 'fundamental error' because it is so widespread" (p. 88).

There have been ample studies which demonstrate the pervasive nature of

the fundamental attribution error (see Alcock et al., 1991). For example, in the classic experiment that simulated a quiz game show, Ross, Amabile, and Steinmetz (1977) randomly assigned students in a class at Stanford University into the following three game show roles: questioners, contestants, and observers. Ross and his colleagues asked the questioners to make up difficult questions that would demonstrate their general wealth of knowledge. That is, the experiment was designed so that students would know that the questioners would have the advantage in answering the questions since they were the one's who created the questions. Yet, the result of this study concluded that both the contestants and observers came to the erroneous conclusions that the questioners really were more knowledgeable than the contestants. Both the contestants and the observers overestimated the internal attributions of the questioners (regarding the knowledge base of the questioners), and underestimated the influence of the situation (that the questioners had the advantage of creating the questions).

The fundamental attribution error has been observed in helping professions. For example, in a study of prison inmates in a Canadian medium security prison, Saulnier and Perlman (1981) demonstrated that most social workers tended to blame the criminal for the crimes they committed, even though the academic training of many social workers stressed the social causes that condition a person to become involved in criminal behaviors.

The fundamental attribution error occurs primarily in Euro-North American societies because of the dominant prevalence that personal causation

and internal attributes (e.g., internal locus of control) are associated with mental health (Choi, Nisbett, & Norenzayan, 1999; Iyengar & Lepper, 1999; Matsumoto, 1996). Furthermore, because North American psychology has a deep fascination with the development of an independent construal of self, internal attributes, (e.g., internal locus of control) have become paramount in explaining healthy behaviors (Choi, et al., 1999; Heine, Lehman, Markus & Kitayama, 1999; Iyengar & Lepper, 1999; Markus & Kitayama, 1991). Hence, Heine et al. (1999) articulated that Euro-North American researchers have been socialized within a culture of individualism which emphasizes internal attributions of people and have conducted independent-oriented-self-focuses research "by North American researchers at North American universities with North American participants using methodologies that were developed in North America" (p. 768). That is to say, individualism has created a paradigm in which an independent construal of self and internal attributes (e.g., internal locus of control) are dominant constructs in North American psychology (Iyengar & Lepper, 1999; Matsumoto, 1996). Individualistic values give priority to individual goals and define personal identity in terms of internal attributes rather than group identification (Myers, 1993). 'Self' descriptors (e.g., self-determination, self-actualization, self-esteem) and independence, which is the opportunity to assert oneself (Brotherson, Backus, Summer, & Turnbal, 1986), form the core values of individualism (Fish, 1996).

Choi et al. (1999) extensive literature review provides empirical evidence and scholarly discussion that internal attributions are aligned to mental health in

Euro-North American culture and external attributions are aligned to mental well-being in collectivistic cultures (thus highlighted that the fundamental attribution error is prevalent in Euro-North American societies). For example, Shweder and Bourne (1982) asked Hindu-Indians and Americans to describe their acquaintances and discovered that Hindu-Indians' descriptions referred to contextual (external) attributions such as social roles and identities, whereas Americans' responses were typically decontexualized and related to internal attributions, such as personality traits. A study by Miller (1987) found the same patterns of explanations and, in addition, found an important developmental trend. She asked Hindu-Indians and Americans of differing ages (people aged 8, 11, 15, and adults) to describe the nature or personality of a person they knew well and another person that they did not well. Miller found that American participants made significantly more references to internal attributions than Hindu-Indian participants. Furthermore, the tendency to use internal attributions increased with age for Americans but not for Hindu-Indians. This development pattern suggested that American people are gradually socialized toward explaining behaviors from an internal attributional perspective. Likewise, Morris and Peng (1994) field research of two parallel tragic events also demonstrates that Western cultures align explanations of human events to internal attributions. In the first event a Chinese graduate student, angry at his supervisor, shot and killed his advisor and several bystanders. At about the same time, a postal worker in a different city, angry at his supervisor, shot and killed his supervisor and several

bystanders. Morris and Peng analyzed accounts of these two events in an English language newspaper and in a Chinese language newspaper. They found that the English newspaper speculated heavily on internal dispositional attributions (e.g., mental instability) and the Chinese newspaper emphasized external and situational factors (e.g., the social relationship between the student and his supervisor). Morris and Peng (1994) furthered their study and demonstrated that the same attributional patterns were observed when Chinese and American university students were asked to explain these two events. Replication of the Morris and Peng (1994) study by Choi and Markus (cited in Choi et al., 1999) found similar causal attributions between Korean and American university students.

Problematic Consequences of the Fundamental Attribution Error

The pervasiveness of explaining, advocating, and modifying behavior premised upon internal attributes can provide problematic consequences for all people. In particular, providing pervasive causal attributions articulated in terms of internal attributes leads to an illusion of control (Alcock et al., 1991), oversimplified and inaccurate explanations to complex social problems (Alcock et al., 1991), and causes harm to people from collectivistic cultures (Sue & Sue, 1990).

Ample research suggests that having an illusion of control via pervasive internal attributions (dispositional optimism) can contribute to: (1) failure among people to engage in preventative behaviors, and (2) greater mood disturbances

and distress after negative events (see Tennen and Affleck [1986] for a summary). For example, Scheppele and Bart (1983) found that women who had greater perceptions of control via dispositional optimism (see Tennen & Affleck, 1986) had the greatest difficulty adapting to rape. Likewise, Caldwell, Adolph and Gilbert (1989) underscored the harmful effects of how a leisure education program oriented toward changing internal factors of a person (e.g., attitude, control) resulted in clients experiencing greater boredom, feeling less satisfied, and perceiving greater internal barriers in leisure due to possible raised expectations (illusion of control) regarding future leisure.

Providing internal attributes for human events with scant attention to the role of social factors provides oversimplified explanations to complex social problems (Alcock et al., 1991; Schram & Mandell, 2000). In essence, the implicit and explicit assumption is that negative human events (e.g., poverty, oppression, alcoholism, homelessness) happen because people deserve it. To this end, Gregg, Preston, Geist, and Caplan (1979) underscored the manner in which the fundamental attribution error provided oversimplified explanations regarding numerous social problems. In their research, Gregg and colleagues reviewed 40 years of research (698 studies) concerning the cause of delinquency, alcohol and drug use, and rape. Each study was coded according to personal, milieu and social system causes. Overall, the most common causal attribution in this study was the person (internal causation) and few studies considered the influence of the environment or social situations. In responding to the study by Gregg and

colleagues, Alcok et al., (1991) remarked:

> This bias may reflect the ease and convenience of certain types of research in comparison with other types of research; it is relatively less difficult to tie alcoholism to some personality defect by studying a group of alcoholics than it is to establish causal roots of alcoholism in the social system. In part, these reports may also reflect a U.S. cultural bias, the ideal of the 'self-contained individual' . . . Such a bias would lead inevitably to dispositional attributions for the ills of society (p. 95-96).

All human service workers, including therapeutic recreation specialists, need to be aware of environmental causes and social-system oriented interventions (Schram & Mandell, 2000).

The pervasiveness of explaining and modifying behaviors premised upon internal attributes can provide problematic consequences for people from collectivistic cultures, such as American-Indians, Mexican-Americans, and African-Americans (Sue & Due, 1990). For example, some American-Indians populations adhere to collectivistic values, where the group supersedes the individual and interdependence or dependency is necessary (Sue & Sue, 1990). Assimilation and normalization into an individualistic lifestyle are possible damaging consequences for people of differing cultures who maintain collectivistic values and live within the dominant norms of an individualistic society — such a tension can lead to a host of unhealthy behaviors such as drug and alcohol dependency (Red Horse, 1982; Waldram, 1997).

The possible harmful effect of utilizing a leisure education model that is premised upon internal attributes, such as an internal locus of control or internal locus of responsibility, for a client who maintains collectivistic values can be easily illustrated with a hypothetical example. John, an American-Indian adolescent who maintains collectivistic values, is placed in a residential treatment facility for substance dependency. He has enrolled in a leisure education program which has an overall goal to develop an independent leisure lifestyle.[6] Within the leisure awareness component of the leisure education program, a behavioral outcome is to acknowledge and accept personal responsibility for leisure (internal locus of control and responsibility).[7] To progress toward this behavioral objective, the therapeutic recreation specialist implements assertiveness training and responsibility worksheets.[8] As John attempt to become personally responsible for his own leisure via following the leisure education plan, he doesn't feel right — actually he begins to feel anger and dread. The residential treatment facility feels claustrophobic and he begins to think that staff members, including the

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6 According to Peterson and Stumbo (2000) the purpose of therapeutic recreation and leisure education is to acquire an independent leisure lifestyle, which is defined as self-determination, intrinsic motivation, internal locus of control, personal causation, and choice.

7 This is a common behavioral objective in leisure education. For example, see Mundy (1998, p. 65).

8 Assertiveness in leisure situations is a social skill that is used in leisure education (see Stumbo and Thompson 1986, p. 304). Furthermore, for examples of responsibility worksheets for leisure education see Mundy (1998, p. 118-121).

therapeutic recreation specialist, are "out to get him."[9] John begins to believe that no one understands him and decides to terminate treatment by sneaking out of treatment one evening.

This hypothetical example of John could have turned out differently. In another scenario John follows through on his leisure education treatment plan and become personal responsibility for his leisure via assertiveness in expressing personal leisure needs. After discharge John moves back into a traditional Native community and begins applying his new leisure skills. The people in his Native community begin to be suspicious of him because his behaviors (e.g., expressing himself rather than being silent) go against Native social norms. Some of the Native people in his community consider him an "apple" — red on the outside and white on the inside via the process of treatment.[10] John begins to feel isolated and members of his family feel confused. John, along with his entire family, begins to experience cultural/cognitive dissonance. John begins to believe that no one understands him and decides to leaves his family members and Native community one evening. His departure caused tremendous stress on his family and fuels their dislike for White people.

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9 Cross-cultural psychologists (e.g., Ridley, 1985; Sue & Sue, 1990) have underscored how clients from ethnic minority cultures can experience differing degrees of healthy and unhealthy paranoia in which they have a suspicion and distrust for White therapists.

10 The apple metaphor is a reality for many American-Indians, especially in Native communities that are more traditional and rurally isolated. See Peregoy (1993) for an explanation.

Although these two examples are hypothetical, Sue and Sue (1990) highlighted that locus of control and responsibility take on differing meanings from a cultural perspective — it is healthy to have an external-oriented locus of control in some collectivistic cultures, such as in American-Indian communities. Furthermore, the behavioral objective to acknowledge and accept personal responsibility for leisure and its accompanying assertiveness training strategy would be culturally insensitive to John (or other people who are from cultures that embrace collectivistic values), because it is in contrast to an external locus of control of being dependent or interdependent on other people. For example, Waldram (1997) reported that it is very common for many Native Americans not to make any individual decisions until proper direction and guidance from Elders are provided. According to traditional Native American values, an individual's behavior must be considered in the context of the community and not in the context of individualism (LaFromboise, Trimle, & Mohatt, 1990; Trimle & Hayes, 1984). Thus, it is not an individual who makes a decision about his/her own health, but rather the entire community plays a critical part in the decision making process. Likewise, assertiveness training premised upon expressing oneself goes against the ethic of non-interference. The ethic of non-interference is a behavioral norm among North American Native tribes in which a person will not interfere in any way with the activities of another person (Brandt, 1990; Good Track, 1973). Ross (1992) clarified that the ethic of non-interference promotes positive interpersonal relations via discouraging interfering behaviors, such as

persuasion, criticism, or even friendly advice.

In these hypothetical examples, the leisure education intervention may have caused John to experience cultural or cognitive dissonance — feeling tension (e.g., anger) when two thoughts or beliefs are psychologically inconsistent (Festinger, 1957). The leisure education intervention was premised upon an internal locus of control — yet John's American-Indian values were rooted in collectivistic values that were in contrast to internal attributions. This tension played a vital part in his decision to terminate treatment early or leave his community.[11]

Leisure Education

Johnson, Bullock, and Ashton-Schaeffer (1997) defined leisure education as a process of teaching recreation and leisure related skills, attitudes, and values. Many leisure professionals have designed leisure education programs under the rubric of an individual developmental model (e.g., Bullock & Mahon, 1997; Dattilo, 1999; Dieser & Voight, 1998; Dunn, 1998; Peterson & Stumbo, 2000; Searle et al., 1995, 1998; Wuerch & Voeltz, 1982). An individual developmental model of leisure education focuses primarily on the individual in relation to leisure (Mundy, 1998).

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[11] According to Sue and Sue (1990) many minority-group individuals prematurely terminate therapy because of the antagonistic and biased nature of the services. Further, Waldram (1997) underscored how First Nation people will leave families and communities because identities become compromised and blurred due to culturally insensitive therapeutic intervention.

Mundy (1990, 1998) argued assertively that leisure education models should embrace an individual developmental model philosophy, because the essence of leisure is individual freedom, personal choice, and self determination. Mundy (1990) supported her proposition by asserting that leisure education should operate from the following two premises:

> (1) leisure is a uniquely individual experience; therefore, the individual should be the primary focus of the process, the recipient of the values and outcomes, and the agent of the leisure education process; and (2) the essence of leisure is freedom; therefore, leisure education should, above all else, facilitate individual self determination for leisure. (p. 19)

In this regard, other leisure education scholars have also emphasized that leisure education should be focused on individual development. Kleiber (1981) argued that leisure education should be premised upon the concept of self-actualization. Howe (1989) stated that "leisure education is a process through which people go in order to become self-determining or independent in their leisure" (p. 207). Bullock and Mahon (1997) concluded that leisure education is an individualized educational process through which a person develops an understanding of self and leisure and identifies skills necessary to participate in freely chosen activities. Furthermore, Dunn (1998) stated "Ultimately, leisure education programs should maximize each individual's independence in leisure" (p. 257).

An assumption rooted at the foundation of the individual development

model of leisure education is that an internal attributions are needed if an individual is to experience leisure[12] (freedom, choice, and self determination). This assumption is clearly expressed in the following lengthy quotation by Mundy (1998):

> Perhaps the most significant factor affecting the individuals perceived feeling of freedom is the person's own belief system regarding locus of control . . . An internal locus of control tends to give one more of a sense of personal freedom than does an external locus of control. An "internal" (with an internal locus of control) basically feels that she controls her life, possesses a sense of personal power, is responsible for her life and her choices, and directs her efforts toward mastering her environment . . . "Externals" feel they are controlled by what happens to them that is external to themselves. Answers, solutions, guidance, support, and approval are seen as needing to come from the external world . . . They tend to blame other people and events, positive or negative, for what is transpiring in their lives. In this orientation to the world, it is easy to see why one would face enormous difficulty in perceiving a sense of freedom

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There is scant research regarding how differing cultures experience leisure (Chick, 1998; Hutchison, 2000). However, a recent study by Walker, Deng, & Dieser (in press) underscored that Chinese people with interdependent construals of self have different motives regarding leisure than Euro-North American people with independent construals of self. For example, motivation for outdoor recreation for Chinese people were associated with collectivistic constructs such as group membership, modesty, and tranquility. In contrast, motivation for outdoor recreation for Euro-North American people were associated with individualistic constructs such as autonomy and independence.

> as fully and completely as the internal person. (p. 11)

Furthermore, many leisure education scholars have maintained, whether implicitly or explicitly, that internal attributions are needed in leisure education intervention for an individual to experience leisure (e.g., Bullock & Mahon, 1997; Dattilo, 1999; Dieser & Voight, 1998; Dunn, 1998; Peterson & Stumbo, 2000).

In contrast, other leisure scholars have expressed concern regarding the manner in which leisure education programs that are premised upon an individual developmental model lack attention toward social and external variables that influence leisure behavior (Henderson, 1997; Hutchison & McGill, 1998; Sylvester, 1983; Witt, 1991). Witt (1991) suggested the following about leisure education:

> Of particular concern is the fact that, to date, most of the attention has been focused on helping individuals change or modify some combination of their values, attitudes, skills, or knowledge concerning leisure . . . Little attention has been given, however, to changing the basic social, economic and political conditions within the society that affect an individual's ability to undertake personally meaningful leisure experiences . . . In the case of leisure 'problems,' we tend to overestimate the 'defects' in an individuals values, attitudes, skills, and knowledge regarding leisure without giving proper attention to the service provisions and reinforcements provided by society which influence leisure choices and outcomes. Further, we fail to give proper weight to factors such as

> unequal distribution of income, social stratification, inequality of power, plus mechanization and urbanization as the source of significant portions of the 'leisure problem' for many individuals. (p. 308 - 309)

To understand the social and environmental variables that affect an individual's ability to experience leisure,[13] Witt (1991) argued against an individual developmental model for leisure education and advocated that leisure education needs to follow a psycho-socio-educational model.

Based on the literature presented above, the following hypothesis will be tested:

H1: It is hypothesized that the past twenty years of research in leisure education (1978-1998), leisure education components been conceptualized that overestimate internal factors of a person and underestimate social and external variables?

Method

Content Analysis

A content analysis of research oriented articles regarding leisure education was conducted. Content analysis is a process in which a researcher examines a class of social artifacts, typically written documents, to describe specific characteristics of a message (Babbie, 1995; Holsti, 1969; Mitra & Lankford,

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[13] Articulation of environmental variables in leisure education would be aligned to the World Health Organizations (1997) new conceptualization of disability with its intended focus regarding the need to develop interventions that target systems and environmental variables.

1999). That is, by analyzing the content of the message, themes and patterns can be recognized (Kellehaer, 1993). In inductive content analysis, themes and patterns emerge from analyzing the data rather than using predetermined codes (Henderson & Bialeschki, 1995). In deductive form, the researcher develops an elaborative numerical coding system to break down the meaning of words so that themes and patterns can be recognized (Henderson & Bialeschki, 1995). In regard to leisure studies, Jackson and Burton (1989) argued that content analysis research is paramount because it serves to consolidate what has been learned, to clarify concepts and theories, to encourage the development of theories, and to provide prescription for future research and practice.

To match the purpose of this study, which was to investigated whether leisure education researchers have collectively committed the fundamental attribution error, a purposive sampling strategy was used to locate journals specific to leisure studies which reported research about leisure education. Understanding the nature of research is important because research provides initial evidence concerning theoretical propositions which drives practice (Barnett, 1991). The unit of data collection for this study were the following scholarly journals: Therapeutic Recreation Journal, Journal of Leisure Research, Leisure Science, Leisure Studies, Journal of Leisurability, and the Journal of Applied Recreation Research (prior to the 15th volume, the Journal of Applied Recreation Research was named the Recreation Research Review). These six journals represented leisure-oriented research in the United States, Canada, and

Great Britain.

The criteria for selecting research articles followed four steps. First, only those articles published during 1978 through to the end of 1998 were chosen. Second, the construct of leisure education or leisure counseling had to be listed in the key word section or title of the article. Third, only those articles that used some type of systematic investigation or collection of data (e.g., research articles) were selected. Articles that did not have some type of systematic investigation, such as theory-based articles, were not included in this study. Last, within the research article, leisure education needed to be treated as a research variable.

This study used both a deductive and inductive form of content analysis. The deductive form consisted mainly of descriptive information, such as the study group, type of research design, and results of the research. To determine if leisure education components had overestimated internal factors of a person and underestimated social and external variables, an inductive form of content analysis consisted of clustering leisure education components into groupings of similar actions and characteristics. In this study leisure education components were conceptualized as the desirable actions and characteristics of the leisure education model. For example, Aguilar's (1987) leisure education model consisted of the following five leisure education components: development of leisure awareness, self awareness, leisure skills, decision making skills, and social interaction

The clustering of leisure education components followed three steps. First,

all components from each study (a total of 121 components) were identified. Table 1 and 3 presents all of the research studies identified and the leisure education components for each leisure education intervention. Second, the actions of each leisure education component were clustered into groupings of actions that had similar patterns. For example, re-assessment and evaluation were clustered together because there was considerable overlap among these components — re-assessment was a form of evaluation and consisted of an action where the leisure education participant or therapeutic recreation specialists judged whether leisure education-oriented goals and objectives were met. Likewise, the articulation of leisure barriers and leisure constraints were clustered together because both leisure education components consisted of an action in which the client was able to express conditions that acted to limit leisure participation. According to Miles and Huberman (1994) providing a content-analytic clustering diagram increases verification and credibility of research because it demonstrates the process of inductively forming clusters of similar categories. Table 4 was constructed to demonstrate the manner in which differing leisure education components had shared characteristics. Furthermore, comparing Table 3 with Table 4 will help the reader understand how the initial 121 leisure education components were grouped into 19 clustered leisure education components. Third, once components were broken down and clustered, patterns of internal and external behaviors pertaining to the assigned actions of the leisure education components were analyzed via a predetermined code related to internal

and external attributions. An internal attribution referred to leisure education components that prescribed learning and actions that were situated within the client, such as having clients change or modify their attitudes, values, knowledge, or skills. For example, a leisure education component that has clients articulate structural leisure constraints (e.g., non-inclusive architecture at a community swimming pool) and solutions (e.g., finding another aquatic facility which has inclusive architecture) would be premised upon internal attributions because the prescribed learning and actions are squarely situated within the client — the client needs to change his/her knowledge about leisure resources to participate in leisure. That is, although this leisure education component may address environmental factors, the prescribed learning component locates control within the person. An external attribution referred to leisure education components that prescribed learning and actions that were located outside of the client, such as educating family members to incorporate choice within a leisure setting. In this regard, a leisure education component that has aquatic staff at a swimming facility examine and change building structure so that people with disabilities can experience leisure would be premised upon an external attribution because the prescribed learning and actions are situated outside of the client — the leisure facility, opposed to a person with a disability, needs to change so that meaningful leisure can take place.

Findings

A total of 24 research articles were collected. Five research studies were

discounted, because leisure education was not treated as a research variable (e.g., independent or dependent variable). For example, a study by Schleien, Mustonen, Rynders, and Fox (1990) was discounted because leisure education was part of the setting, rather than an independent or dependent variable. Hence, the total number of research studies that conceptualized leisure education as a research variable directed toward people was nineteen. The following section will report descriptive findings and the conceptualization of leisure education components.

Descriptive Data

A summary of descriptive data associated with this study is presented in Table 1 and Table 2. Table 1 presents descriptive findings regarding the authors of the research projects, journals that reported leisure education research, study populations, independent and dependent variables, research designs, and the results of the research. Table 2 provides frequency counts and percentages pertaining to study groups, research designs, and research results.

Descriptive information gathered from this study revealed six findings. First, leisure education research has increased in frequency with time. For example, from 1978-1988 only six studies regarding leisure education were reported, whereas, from 1989-1998 thirteen studies were described. Second, the term 'leisure counseling' was used frequently in the earlier years (1978-1989) but less in the latter years (1990-1998). Third, there has been no dominant study group — the most frequently studied groups were aged (32%), other/mixed

populations,[14] and people with mental retardation[15] (21%). Furthermore, in regard to research participants scant attention was directed toward other demographic information (e.g., ethnic background) other than type of disability.[16] Fourth, there has been a mixture of various research designs. Although the pre-post research design was the most popular (42%), other types of research designs were also utilized, such as single subject design (21%), field observation (11%), survey research (11%), and some type of combined or triangulation method (11%). Fifth, all but five of the research findings were reported in the Therapeutic Recreation Journal. Two studies were found in the Journal of Leisure Research and the Journal of Leisurability respectively, and one studied appeared in the Journal of Applied Recreation Research. No research articles regarding leisure education were found in Leisure Science or Leisure Studies. Last, the majority of research results suggest that leisure education does significantly increase health and

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Some of the other/mixed population groups included people with spina bifida, combined mental retardation and physical disabilities, people with traumatic brain injury, and so forth.

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The reason why the term people with mental retardation is used rather than people with developmental disabilities is to reflect the actual terminology that was used in the research articles examined in this study.

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Some cross-cultural researchers (e.g., Sue & Sue, 1990) suggested that lacking demographic information in research can be viewed as institutional and scientific racism. Perhaps this is why Sheldon and Dattilo (1997) argued that therapeutic recreation research needs to make specific reference to the cultural identities of recipients of therapeutic recreation research and services.

wellness benefits.[17]

To ensure that the descriptive information was collected accurately, and to increase the credibility of the research (Miles and Huberman (1994), two inter rater reliability check were conducted. One of the investigators randomly selected 14 research articles for analysis regarding the accuracy of study group populations, dependent variables, research design methods, and identification of leisure education components. There was a 93% agreement for both study group population and dependent variables and a 86% agreement for research design methods. There was a 83% agreement for leisure education components. The second inter rater reliability check consisted of accuracy regarding patterns of internal and external behaviors pertaining to the assigned actions of leisure education components. There was a 91% agreement regarding patterns of internal and external attributions pertaining to the assigned actions of the leisure education components. The percentage of agreement for these inter rater measurements indicates a high level of inter rater reliability.

Conceptualization of Leisure Education Components

The research objective for this study focused on whether leisure education components were conceptualized to overestimate internal attributes and

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As the descriptive data clearly suggests, leisure education has caused positive outcomes. Hence, it is possible that an intervention can simultaneously provide positive and negative outcomes. Genealogical research exemplifies this — it is historical research of the present in which contemporary events and constructs are analyzed historically to discover both negative and positive outcomes that occur simultaneously (see Foucault, 1998).

underestimate social and external variables when prescribing leisure education actions. Of the 19 clustered leisure components, only two components focused attention on changing external variables outside of the leisure education participants. Hence, a large majority of leisure education components are focused toward having leisure education participants (e.g., people with disabilities) make internal changes, with scant attention focused on changing social and external variables (e.g., leisure institutions) that surround these individuals.

The first leisure education model that addressed changing external and social variables was the school-community leisure link education model developed by Mahon and Martens (1996). Under the leisure education component of making decisions, Mahon and Martens had one objective toward *teaching the family to incorporate choice into their child's leisure time*. The other 27 learning objectives in the school-community leisure link education model, which were derived from six leisure education components, focused on having the client change internal attributes, such as a combination of values, attitudes, skills, and knowledge regarding leisure. These include such learning objectives as "The student will understand the importance of making independent decisions" (p. 293), and "The student will independently create a Leisure Action Plan, engage in the planned activity, and self-monitor his participation" (p. 293).

The second leisure education component that addressed changing social and external variables was the exposure to leisure-related games and materials by Schleien (1984). Schleien reported that a recreation partner's play/leisure

behavior, along with the clients, were targeted to become aware and understand leisure in "cooperative type, leisure related games . . . [which] required at least two players for participation" (p. 30). Hence, this leisure education component went beyond changing the individual client to include the targeting of external variables — namely, recreation partners.

Beyond these two leisure education components, the overwhelming majority of leisure education components focus on having the research participant change internal attributes to experience leisure. Hence, it can be concluded that leisure education researchers have committed the fundamental attribution error — the overwhelming majority of leisure education components have a tendency to overestimate internal attributions of a person and underestimate external variable outside of an individual when ascribing actions to enhance leisure.

To display the fundamental attribution error, the following section will present one leisure education model (Dunn & Wilhite, 1997) that exemplifies the tendency of overestimating internal attributes of a person with scant attention focused on social and external variables.[18] According to Miles and Huberman (1994) presenting a case study (or cases) that exemplify research findings can be useful in verifying and confirming conclusions.

To determine how leisure education might affect leisure participation and psychosocial well-being of older women who were home-centered, Dunn and

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Dunn and Wilhite's leisure education model was randomly picked.

Wilhite (1997) developed a six component leisure education program. The first component was leisure awareness and consisted of the following four objectives: *to have participants develop*[19] a personal definition of leisure, *to have participants identify* past, present and future leisure interests, *to have participants describe* the reason for their involvement or interest in specific leisure activities, and *to have participants identify* the benefits or outcomes when involved in a leisure activity. The second component was leisure participation evaluation and had a single objective *to have participants evaluate* personal leisure experience. The third component was leisure activity participation and had the sole objective *to have participants identify* the physical, social, and mental requirements for a least one leisure activity. The fourth component was leisure barriers and problem solving and consisted of the following five objectives: *to have participants name* common barriers to leisure participation, *to have participants assess and discuss* leisure barriers that may be encountered in personal leisure, *to have participants identify* a problem solving technique used to break down leisure barriers, *to have participants identify* strategies to break down personal barriers to leisure, and *to have participants identify* strategies to adapt leisure activities. The last component was leisure resources and incorporated the following four objectives: *to have participants identify* people who can provide support in the participants'

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[19] Italicized print is used to highlight the manner in which leisure education components focus on having the individual change their values, attitudes, skills, or knowledge regarding leisure.

social network, *to have participants identify* personal leisure resources, *to have participants identify* home leisure resources, and *to have participants identify* community leisure resources.

Although Dunn and Wilhite's leisure education model may appear to have included social variable, such as developing support from the participants social network or identifying community leisure resources, the locus of control still falls squarely on the shoulders of the participant to initiate a change so that they can experience leisure. That is, the participants needed to modify their values, attitudes, skills and knowledge regarding leisure. The inverse of this, which would include changing social and external variables, could be to educate members of the participant's social network (e.g., brothers, sisters, spouses, neighbors, friends) to identify ways that they could support the participant to experience leisure or to educate a community recreation facility to identify ways to develop leisure experiences for elderly women who are home-centered.

Discussion

The purpose of this study was to investigate whether leisure education researchers have committed the fundamental attribution error. It can be concluded that collectively, leisure education researchers have indeed done so. That is, leisure education interventions have overestimated and changed internal factors of a person when facilitating leisure education and have underestimated changing social and external variables that extend beyond participants who experience leisure education.

In regard to practical implications, these findings highlight that leisure education researchers may be culturally or paradigmatically encapsulated within an individualistic framework. As mentioned in the literature review section of this paper, the fundamental attribution error is associated with individualistic values (Iyengar & Lepper, 1999; Matsumoto, 1996). Although individualistic values are important and may be held by the majority of people in North America, there are still many differing cultures that follow collectivistic values (Pedersen, 1994; Sue & Sue, 1990). Providing an individual developmental model of leisure education, which focuses on analyzing and changing internal attributes for people, for people who maintain collectivistic values may have detrimental consequences, such as assimilation and normalization of differing cultures toward a dominant individualistic lifestyle. Equally problematic is that the leisure education research examined in this paper focused scant attention on the demographic profiles of the participant samples, Hence, leisure education interventions treated clients as unimodal cultural beings and lumped all participants within an individualistic framework in explaining and modifying leisure behaviors within leisure education programs. Furthermore, committing the fundamental attribution error is problematic for *all people* because it develops and contributes to an illusion of control and provides oversimplified and inaccurate explanations of complex issues (Alcock et al., 1991).

The reader needs to be mindful of a number of limitations of this study. First, the unit of data collection was focused on six journals within the field of

leisure studies. Other journals outside the field of leisure that have reported research regarding leisure education (e.g., Adapted Physical Activity Quarterly, Education and Training in Mental Retardation and Developmental Disabilities, Journal of Alcohol and Drug Education) were not part of this study. Second, this study only examined research articles and did not look at differing theories and models of leisure education outside of the framework of research. There are leisure education theories and models that address social and external variables (e.g., Dattilo, 1994, 1999; Bullock & Mahon, 1997) — these social components are simply missing when leisure scholars conducted research. Third, some of the leisure education components were not explained or articulated as clearly and precisely as others. For example, Williams and Dattilo (1997) explained that the leisure education program they implemented had 24 lessons that fell under the rubric of the three leisure education components of leisure appreciation, social interaction, and self-determination. Although Williams and Dattilo explained leisure appreciation, social interaction, and self-determination clearly, there was less information provided about these components when compared to many of the other research articles.

Future Development in Leisure Education

First, leisure education components and models need to expand beyond changing the internal attributes of leisure education participants (e.g., people with disabilities) and pay more attention to social and external variables (Henderson, 1997; Hutchison & McGill, 1998; Sylvester, 1983). Perhaps a beginning point is

to premise leisure education practice and research on a psycho-socio-education model (see Witt, 1991) rather than individual developmental models. To this end, Witt outlined two environmental programmatic approaches that align to a psycho-socio-education model: (1) extensive-environmental programs — that attempt to make the entire community more responsive to the needs of all of its members; and (2) intensive-environmental programs — that intervene actively in the environment of specific individuals or groups. However, psycho-socio-leisure education models do not embrace cross-cultural factors. Hence, a long term goal is to develop appropriate cross-cultural leisure education models (e.g., collectivistic developmental models) where cultural variables related to leisure are part of the leisure education process.

Second, leisure education needs to focus on system-directed change (e.g., leisure service delivery) rather than person-directed change. System-directed change are strategies aimed at helping people with special needs by creating or improving the organizations that are suppose to be providing services to them (e.g., government, human services, schools) (Schram & Mandell, 2000). To this end, leisure education programs could be used to teach stakeholders and community members (e.g., family members, members of government, human service professionals) recreation and leisure related skills, attitudes and values (Hutchison & McGill, 1998). For example, a leisure education program could be directed toward aquatic staff and administration regarding architecture and regulation barriers that occur for people with disabilities. Likewise, a leisure

education program could be oriented toward attitudinal barriers for family members of a person with special needs. System-directed change causes social organizations and institutions to change to meet the needs of people with special needs, rather than changing people with special needs to match normative-oriented services and behaviors.

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Table 1

Descriptive Data of Leisure Education Research from 1978-1998

Author	Journal	Study Group	Independent Variable	Dependent Variable	Research Design	Results
Langford (1980)	6	1	Leisure counseling	Social self-esteem, social situations, fear of negative evaluation, social avoidance and distress, leisure satisfaction and general health	4	8
Wolfe & Riddick (1984)	1	1	Leisure counseling	Leisure attitudes and self-esteem	1	7
Schleien (1984)	6	6	Leisure education	Levels of play	3	4
Backman & Mannell (1986)	1	2	Leisure counseling and recreation activity	Attitudes toward leisure	3	1
Aguilar (1987)	1	5	Leisure education	Attitudes toward leisure and delinquency	1	7
Zoerink (1988)	1	6	Leisure education	Leisure functioning	1	3
Caldwell, Adolph, & Gilbert (1989)	1	6	Leisure counseling	Recreation patterns	6	1
Lanagan & Dattilo (1989)	1	3	Leisure education and leadership style	Activity involvement	2	1
Zoerink & Lauener (1991)	1	6	Leisure education	Leisure attitude, leisure satisfaction, and perception of freedom in leisure	1	1
Bullock & Howe (1991)	1	4	Leisure education	Recreation participation, social interaction, positive self concept initiative, and positive affect towards the future	5	8

Mahon & Bullock (1992)	1	3	Leisure education decision making	Appropriate leisure awareness, indeendent self instruction, and TR assisted self instruction	2	8
Searle & Mahon (1993)	1	2	Leisure education	Perceived leisure control, perceived leisure competence, and self esteem	1	7
Bedini, Bullock, & Driscoll (1993)	1	3	Leisure education	Transition from school	6	4
Searle et al., (1995)	2	2	Leisure education	Perceived leisure control, perceived leisure competence, life satisfaction, locus of control, and leisure boredom	1	1
Mahon & & Martens (1996)	5	1	Leisure education	Leisure satisfaction, recreation- based community adjustment	1	1
Mahon, Bullock, Luken, & Martens (1996)	1	6	Leisure education	Independent leisure development within the community	4	1
Williams & Datillo (1997)	1	3	Leisure education	Self-determination, positive affect, and social interaction	2	7
Dunn & Wilhite (1997)	1	2	Leisure education	Leisure participation and psycho-social well-being	2	6
Searle et al., (1998)	2	2	Leisure education	Perceived leisure control, perceived leisure competence, life satisfaction, locus of control, and leisure boredom	1	1

Journal Code	**Study group Code**	**Research Design Code**	**Results Code**
1-Therapeutic Recreation Journal 2-Journal of Leisure Research 3-Leisure Science 4-Leisure Studies 5-Journal of Applied Recreation Research 6-Journal of Leisurability	1-Mental Illness 2-Elderly 3- Mental Retardation 4-Physical Disability 5-Corrections 6-Mixed/other	1-Pre-post experiment 2-Single subject 3-Field/participant observation 4-Survey research 5-Qualitative research 6-Combined/triangulation	1-Sig. Increase 2-Sig. Decrease 3-No difference 4-Important descriptive info 5-Non-important descriptive info 6-Combined 1 and 2 7-Combined 1 and 3 8-Combined 1 and 4

Table 2

Frequency Count and Percentages of Study Groups, Research Design, and Research Results

Study Groups	N	%	Research Design	N	%	Research Results	N	%
Mental illness	3	16%	Pre-post	8	42%	Significant Increase	8	42%
Aged	5	26%	Single subject	4	21%	No difference	1	5%
MR	4	21%	Field observation	2	11%	Descriptive findings	2	11%
Physical dis.	1	5%	Survey	2	11%	Combination 1 & 2	1	5%
Corrections	1	5%	Qualitative	1	5%	Combination 1 & 3	4	21%
Other/Mixed	5	26%	Combined/Traing.	2	11%	Combination 1 & 4	3	16%

Note: Due to rounding numbers based upon 0.5, the percentages may not sum to 100%

Table 3

Conceptualization of Leisure Education Models

Author	Conceptualization of leisure education models
Langford (1980)	**Premised upon sequential learning components** Leisure education components: Resource guidance, leisure time use, leisure time planning, leisure counseling, and leisure counseling and companionship
Wolfe & Riddick (1984)	**Premised upon sequential learning components** Leisure education components: Leisure values, recreation interests, and personal community interests
Schleien (1984)	**Premised upon sequential learning components** Leisure education components: Leisure related cooperative games, leisure skill instruction, and positive reinforcement.
Backman & Mannell (1986)	**Premised upon sequential learning components** Leisure education components: personal leisure philosophy, explain leisure experiences, leisure barriers and solutions.
Aguilar (1987)	**Premised upon Mundy & Odum (1979) leisure education model** Leisure education components: leisure awareness, self awareness, leisure skills, decision making skills, and social interaction.
Zoerink (1988)	**Premised upon Individual values clarification** Leisure education components: personal recreation, recreation benefits and alternatives, leisure patterns and priorities, focus on change, overcoming barriers, planning for the future
Caldwell et al., (1989)	**Premised upon sequential learning components** Leisure education components: leisure attitude, awareness of leisure values, articulation of leisure needs and interests, barriers to leisure and their solutions, leisure action plan.
Lanagan & Datillo (1989)	**Premised upon sequential learning components** Leisure education components: benefits and rational for leisure, barriers to leisure, sources of information for leisure involvement, and hobbies and recreation done at home.

Bullock & Howe (1991)	**Premised upon social role valorization and normalization principles** Leisure education components: activity identification, motivation for recreation participation, activity adaptions, alternative or substitute activities, goal setting, identification of resources, recreation skill development, and coping with barriers.
Zoerink & Lauener (1991)	**Premised upon Individual values clarification** Leisure education components: personally enjoyable recreation experiences, choosing leisure alternatives, affirming alternative leisure, exploring past events, consistent leisure actions, leisure benefits and alternatives, removing leisure barriers, planning for the future,
Mahon & Bullock (1992)	**Premised upon self control theory (Management of one's own behaviors)** Leisure education components: concepts of leisure, self awareness, knowledge of leisure opportunities, leisure resources, and leisure barriers.
Searle & Mahon (1993)	**Premised in attribution theory, specifically internal control (Enhance personal control)** Leisure education components: definition of leisure, leisure needs, leisure constraints and solutions, leisure preferences, review leisure needs and set leisure goals, community connections, decision-making skills, and leisure action plan.
Bedini et al., (1993)	**Premised on Bandura's self-efficacy theory** Leisure education components: leisure awareness, self awareness, leisure opportunities, community resource awareness, barriers, personal resources and responsibility, planning, planning an outing, the outing, and outing evaluation
Searle et al., (1995)	**Premised upon normalization principle, social role valorization, social, and social exchange theory** Leisure education components: potential benefits of recreation on physical and mental well being, personal recreation interests, motivation regarding recreation interests, activity analysis, assess of current and potential physical and mental capabilities regarding future recreation, activity adaption and equipment modification, explore barriers and solutions to overcome barriers, short and long term leisure plans, skill development, identify people who will support leisure goals/plans and assertiveness training, assess personal resources, assess community resources, and reassess any of stages of this program
Mahon et al., (1996)	**Premised on normalization principles and self-determination** Leisure education components: leisure awareness, self monitoring, behavioral contracting, problem solving, skill mastery, and skill application.

Mahon & Martens (1996)	**Premised upon sequential learning components (self-determination)** Leisure education components: leisure awareness, leisure resources, leisure communication skills, making decisions, leisure planning, and activity skills instruction
Williams & Datillo (1997)	**Premised upon sequential learning components (self-determination)** Leisure education components: leisure appreciation, self determination, and social interaction.
Dunn & Wilhite (1997)	**Premised upon sequential learning components** Leisure education components: leisure awareness, personal leisure participation evaluation, leisure activity participation, barriers and problem solving, identify leisure resources, and future planning of leisure.
Searle et al., (1998)	**Premised upon normalization principle, social role valorization, social, and social exchange theory** Leisure education components: potential benefits of recreation on physical and mental well being, personal recreation interests, motivation regarding recreation interests, activity analysis, assess of current and potential physical and mental capabilities regarding future recreation, activity adaption and equipment modification, explore barriers and solutions to overcome barriers, short and long term leisure plans, skill development, identify people who will support leisure goals/plans and assertiveness training, assess personal resources, assess community resources, and reassess any of stages of this program

Table 4

Clustering of Leisure Education Components

Identification of Leisure Barriers/Constraints and Solutions

1. Leisure barriers and solutions (Backman & Mannell, 1986)
2. Leisure barrier (Zoerink, 1988)
3. Leisure barriers and solutions (Caldwell et al., 1989)
4. Barriers to leisure (Lanagan & Dattilo, 1989)
5. Coping with leisure barriers (Bullock & Howe, 1991)
6. Removing leisure barriers (Zoerink & Lauener, 1991)
7. Leisure barriers (Mahon & Bullock, 1992)
8. Leisure constraints and solutions (Searle & Mahon, 1993)
9. Leisure barriers (Bedini et al., 1993)
10. Leisure barriers and solutions (Searle et al., 1995)
11. Leisure problem solving (Mahon et al., 1996)
12. Leisure barriers and problem solving (Dunn & Wilhite, 1997)
13. Leisure barriers and solutions (Searle et al., 1998)

Increase Leisure Awareness and Understanding

1. Leisure values (Wolfe & Riddick, 1994)
2. Explain leisure (Backman & Mannell, 1986)
3. Develop a personal leisure philosophy (Backman & Mannell, 1986)
4. Leisure awareness (Aguilar, 1987)
5. Develop leisure attitude (Caldwell et al., 1989)
6. Leisure values (Caldwell et al. 1989)
7. Concepts of leisure (Mahon & Bullock, 1992)
8. Explore leisure definitions (Searle & Mahon, 1993)
9. Leisure awareness (Bedini et al., 1993)
10. Leisure awareness (Mahon et al., 1996)
11. Leisure awareness (Mahon & Martens, 1996)
12. Leisure appreciation (Williams & Dattilo, 1997)
13. Leisure awareness (Dunn & Wilhite, 1997)

Future Leisure Planning/Develop a Future Leisure Plan

1. Leisure time planning (Langford, 1980)
2. Planning for the future (Zoerink, 1988)
3. Develop a leisure action plan (Caldwell et al., 1989)
4. Leisure goal setting (Bullock & Howe, 1991)
5. Planning for the future (Zoerink & Lauener, 1991)
6. Set leisure goals (Searle & Mahon, 1993)
7. Leisure action plan (Searle & Mahon, 1993)
8. Leisure planning (Bedini, et al., 1993)

Articulation of Recreation and Leisure Needs/Interests

1. Recreation interests (Wolfe & Riddick, 1984)
2. Personal community interests (Wolfe & Riddick, 1984)
3. Personal recreation (Zoerink, 1988)
4. Leisure needs and interests (Caldwell, et al., 1989)
5. Hobbies and recreation done at home (Lanagan & Dattilo, 1989)
6. Identify activities (Bullock & Howe, 1991)

9. Planning the leisure outing (Bedini et al., 1993)
10. Short and long term leisure plan (Searle et al., 1995)
11. Leisure planning (Mahon & Martens, 1996)
12. Future planning of leisure (Dunn & Wilhite, 1997)
13. Short and long term leisure plan (Searle et al., 1998)

Development of Leisure Skills

1. Leisure skill instruction (Schleien, 1984)
2. Leisure skills (Aguilar, 1987)
3. Recreation skill development (Bullock & Howe, 1991)
4. Skill development (Searle et al., 1995)
5. Skill mastery (Mahon et al., 1996)
6. Skill application (Mahon et al., 1996)
7. Activity skill instruction (Mahon & Martens, 1996)
8. Skill development (Searl et al., 1998) (Searle et al., 1995)

Activity Adaptions/Alternatives

1. Recreation alternatives (Zoerink, 1998)
2. Activity adaptions (Bullock & Howe, 1991) (Bullock & Howe, 1991)
3. Alternative and substitute activities (Bullock & Howe, 1991)
4. Leisure alternatives (Zoerink & Lauener, 1991)
5. Affirming alternative leisure (Zoerink & Lauener, 1991)
6. Activity adaptions and equipment modification (Searle et al., 1995)
7. Activity adaptions and equipment modification (Searle et al. 1998) (Bullock & Howe, 1991)
7. Personally enjoyable recreation (Zoerink & Lauener, 1991)
8. Individual leisure needs (Searle & Mahon, 1993)
9. Leisure preference (Searle & Mahon, 1993)
10. Personal recreation interests (Searle et al., 1995)
11. Personal recreation interests (Searle et al., 1998)

Identification of Leisure Resources

1. Leisure resource guidance (Langford, 1980)
2. Information for leisure (Lanagan & Dattilo, 1989)
3. Leisure resources (Bullock & Howe, 1991)
4. Leisure resources (Mahon & Bullock 1992)
5. Leisure resources (Mahon & Bullock, 1992)
6. Leisure opportunities (Bedini et al., 1993)
7. Leisure resources (Mahon & Martens, 1996)
8. Leisure resources (Dunn & Wilhire, 1997)

Articulation of Leisure Benefits

1. Recreation benefits (Zoerink, 1988)
2. Benefits and rational for leisure (Lanagan & Dattilo, 1989)
3. Leisure benefits (Zoerink & Lauener, 1991)
4. Potential benefits of recreation (Searle et al., 1995)
5. Potential benefits of recreation (Searle et al., 1998)

Development of Social Interaction and Social Support

1. Leisure counseling and companionship (Langford, 1980)
2. Social interaction (Aguilar, 1987)
3. Social support for leisure goals/plan (Searle et al., 1995)
4. Social interaction (Williams & Dattilo, 1997) (Williams & Dattilo, 1997)
5. Social support for leisure goals/plan (Searle et al., 1998)

Development of Self Awareness

1. Self-awareness (Aguilar, 1987)
2. Self-awareness (Mahon & Bullock, 1992)
3. Self-awareness (Bedini et al., 1993)
4. Personal capabilities for future recreation Searle et al., 1995)
5. Self-monitoring (Mahon et al, 1996)
6. Personal capabilities for future recreation (Searle et al., 1998)

Personal Leisure Evaluation/Re-assessment

1. Leisure outing evaluation (Bedini et al., 1993) (Bedini et al., 1993)
2. Re-assess leisure and leisure education (Searle et al., 1995) (Searle et al., 1995)
3. Personal leisure participation evaluation (Dunn & Wilhite, 1997)
4. Re-assess leisure and leisure education (Searle, et al., 1998)

Identification of Community Resources

1. Community connections (Searle & Mahon, 1993)
2. Community resource awareness (Bedini et al., 1993)
3. Assess community resources (Searle et al., 1995)
4. Assess community resources (Searle et al., 1998)

Awareness of Leisure Patterns/Time Use

1. Leisure time use (Langford, 1980)
2. Leisure patterns (Zoerink, 1988) (Zoerink, 1988)
3. Past leisure events (Zoerink & Lauener, 1991) (Zoerink & Lauener, 1991)

Decision Making Skills

1. Decision making skills (Aguilar, 1987)
2. Decision making skills (Searle & Mahon, 1993)
3. Decision making skills * (Mahon & Martens, 1996)

Understanding of Leisure Motivation

1. Motivation for recreation participation (Bullock & (Bullock & Howe, 1991)
2. Recreation motivation (Searle et al., 1995)
3. Recreation motivation (Searle et al., 1998)

Articulation of Personal Resources

1. Personal resources and responsibility (Bedini et al.,1993)
2. Assess personal resources (Searle et al., 1995)
3. Assess personal resources (Searle et al., 1998)

Leisure Participation/Experience

1. Leisure-related cooperative games* (Schleien, 1984)
2. Consistent leisure actions (Zoerink, 1988) (Zoerink, 1988)
3. Leisure outing (Bedini et al., 1993)
4. Leisure activity participation (Dunn & Wilhite, 1997)

Activity Analysis

1. Conduct activity analysis (Searle et al., 1995)
2. Conduct activity analysis (Searle et al., 1998)

Other (Single) Leisure Education Components

1. Leisure counseling (Langford, 1980)
2. Positive reinforcement (Schleien, 1984)
3. Focus on change (Zoerink, 1988)
4. Behavioral contracting (Mahon et al., 1996)
5. Leisure communication skills (Mahon & Martens, 1996)
6. Self-determination (Williams & Dattilo, 1997)

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* = Components included social and external variables

CHAPTER IV

LETS GO FOR SUSHI! UNDERSTANDING CROSS-ETHNIC INTERACTIONS IN THERAPEUTIC RECREATION PRACTICE
(Paper #2)

ABSTRACT

The purpose of this qualitative study was to identify, from the perspective of six certified therapeutic recreation specialists, how therapeutic recreation professionals who employ therapeutic recreation practice models manage cross-ethnic interactions in therapeutic recreation programs. Four salient themes emerged from the data. First, therapeutic recreation participants implemented Euro North-American concepts as universal notions regardless of ethic background. Second, therapeutic recreation specialists were aware of and struggled with understanding diversity issues. In particular, the participants dealt with the struggle of diversity in two ways: some embraced diversity while others avoided or reduced the question of diversity. Third, therapeutic recreation specialists were aware of their limited educational training regarding diversity issue in university curriculums and through the certification process. Fourth, family involvement during therapeutic recreation programing was perceived as paramount among clients who were from an ethnic minority background. Recommendations for cross-cultural and diversity-oriented awareness, knowledge, and skills are provided.

KEYWORDS: Cross-cultural interactions, diversity, ethnicity, therapeutic recreation practice models.

Despite the increased literature regarding cross-cultural and diversity issues in therapeutic recreation (e.g., Allison & Smith, 1990; Beveridge, 1998; Dieser & Peregoy, 1999; Fox & van Dyck, 1997; Getz, 2000; Peregoy & Dieser, 1997), there still is a dearth of qualitative and quantitative research investigating cross-cultural and diversity issues in therapeutic recreation practice. In particular, there has been almost no research directed toward diversity in therapeutic recreation practice models. Furthermore, Dieser & Peregoy (1999) underscored the pervasive lack of attention that authors of therapeutic recreation practice models have placed on embracing and understanding multicultural and diversity issues:

> . . . in a special series issue in 1998, the Therapeutic Recreation Journal dedicated the second, third, and fourth quarter journals to discourse regarding therapeutic recreation service models. Although fifteen articles were written (a total of 122 pages), only three sentences by McCormick (1998) were directed toward multicultural concerns (p. 56).

The purpose of this paper is to increase understanding of diversity issues in therapeutic recreation practice. In particular, this study investigates how certified therapeutic recreation specialists utilize therapeutic recreation practice models to manage cross-ethnic interactions in therapeutic recreation programs. The study presented in this paper identifies, from the perspective of six certified therapeutic recreation specialists, how therapeutic recreation professionals who employ therapeutic recreation practice models manage cross-ethnic interactions in therapeutic recreation programs.

Literature Review

Therapeutic Recreation Practice Models

Therapeutic recreation practice models guide therapeutic recreation specialists in the process of intervention (Bullock & Mahon, 1997). That is, a practice model provides a framework for selecting, sequencing, and organizing therapeutic recreation programming (Bullock, 1998; Bullock & Mahon, 1997). Practice models provide professionals with a framework for thinking — models shape the observations professionals make, the questions they ask, and the answers they provide (Freysinger, 1999). Although there are several therapeutic recreation practice models (e.g., Therapeutic Recreation Service Delivery model/Therapeutic Recreation Outcome model [see Van Andel, 1998], Aristotelian Good Life Model [see Widmer & Ellis, 1998]), the following section will explain only the Leisure Ability model and the Health Protection/Health Promotion model.[20]

The Leisure Ability Model

Peterson and Stumbo (2000) articulated a three-phase model to help guide and design the practice of therapeutic recreation. The first phase, treatment, focuses on the improvement of functional abilities through recreation and leisure activities. The second phase, leisure education, concentrates upon the

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[20] The rationale for this decision stems from the use of only two therapeutic recreation practice models by the six research participants. Five of the six research participants utilized the Leisure Ability model and the other participant combined the Leisure Ability model and Health Protection/Health Promotion model.

development of skills, attitudes, and knowledge related to leisure participation. The last phase, recreation participation, focuses on acquisition of activity-based services to foster participation in recreation experiences "for the enjoyment of self-expression" (Peteson & Gunn, 1984, p. 7). The Leisure Ability model strives for the development of a leisure lifestyle and ultimately to independent leisure functioning (Peterson & Stumbo, 2000; Stumbo & Peterson, 1998). According to Stumbo and Peterson (1998) an independent leisure lifestyle "entails being intrinsically motivated, having an internal locus of control and feeling a sense of personal causality" (p. 86).

Stumbo and Peterson (1998) stated that the philosophical and theoretical basis of the Leisure Ability model rests upon the concepts of learned helplessness, intrinsic motivation, internal locus of control, causal attributions, choice, and flow. An important role of the therapeutic recreation specialist is to design interventions that will foster mastery or self-determination over a perception of being helpless or lacking control. This generally occurs during the treatment phases of the model. The concept of individual choice implies that the individual has sufficient skills, knowledge, and attitudes to choose activities and options to experience leisure. Gaining skills, knowledge, and an attitude to make leisure choices is usually accomplished in the leisure education phase. The concept of flow will increase as the participant moves toward the recreation participation phase.

The Health Protection/Health Promotion Model

Austin (1996, 1997, 1998) designed the Health Protection/Health Promotion model with the goal of optimal health, which is defined as self-actualization. Austin (1996) posited that as clients move toward optimal health, they exercise greater choice until they move to the point at which they experience self-actualization. The definition of self-actualization and health is based upon a humanistic approach (Austin, 1998), which maintains that

> . . . each of us has the responsibility for his or her own health and the capacity for making self-directed and wise choices regarding our health. Because individuals are responsible for their own health, it is critical to empower individuals to become involved in decision-making to the fullest extent possible. (p. 110)

This model has three phases. In the first phase of prescriptive activities, therapeutic recreation specialists prescribe activities to assist clients in regaining a sense of control over their lives. During this phase, stabilizing and structuring by therapeutic recreation specialists are important so that clients can master certain activities and recapture personal control. In the recreation phase, the actualization tendency of clients begins to grow as the stability tendency begins to decline and a sense of mastery develops. In this stage, therapeutic recreation is used as a treatment modality. During the last phase, entitled leisure, self-actualization (optimal health) occurs due to self-directed leisure activities

> . . . contain[ing] the elements of intrinsic motivation, self-determination, mastery, and competence, which, in turn, lead individuals toward feelings of self-efficacy, empowerment, excitement, and enjoyment. Leisure experiences provide opportunities for the expression of the actualizing tendency and enable individuals to develop themselves. Leisure can play a

> critical part in helping clients to actualize and to move toward optimal health. (Austin, 1997, p. 149)

In essence, the Health Protection/Health Promotion model encourages self-determination and independence to foster self-actualization.

Dimensions of Cultural Diversity

Cultural diversity refers to the recognition of differences among cultures and the implications of these differences so that cross-cultural understanding can be accomplished (Henderson, 1995). There are numerous dimensions of diversity (Allison, 2000; Matsumoto, 1996), although most people usually identify with a core culture or dimension (Stryker, 1987). That is to say, people have a core cultural identity and simultaneously belong to differing cultures, thus making them multicultural beings (Gudykunst, 1998; Pedersen, 1994). An individual's multiple cultures include primary dimensions of cultural diversity (cultural characteristics that are usually, but not always, obvious when first meeting someone) such as ethnicity, gender, and race, as well as secondary cultures (cultural characteristics that are usually, but not always, not obvious when first meeting someone) such as religious beliefs, educational level, and socioeconomic status (Allison, 2000; Edginton, Jordan, DeGraaf, & Edginton, 1998; Gudykunst, 1998; Jordan, 1996; Pedersen, 1994). For example, an individual may have a core cultural identity based upon ethnicity (e. g., African-American), but simultaneously have cultural identities affiliated with upper-middle class, female, academic cultures. Additionally, another person may have a core cultural identity

premised upon religion (e.g., Baptist Christian), but simultaneously may have cultural identities affiliated with a middle class, blue-collar, African-American cultures.

Within the scope of this paper, a cultural dimension that will be examined in the study reported below is ethnic minority. Ethnicity includes a shared sociocultural or ancestral heritage which includes the biological, cultural, social, and psychological domains of life (Buriel, 1987; Pedersen, 1994). Minority referred to smaller or fewer in number within a larger group (Soukhanov, 1992, cited in Datillo, 1999).[21] Hence, in this paper ethnic minority is defined as groups of people who share a sociocultural or ancestral heritage who are fewer in number than White Euro-North American people (e.g., First Nation People). Herberg and Herberg (1995) argued that human service workers need to be aware of differing ethnic groups so that specific programs can be developed to meet their unique needs. Likewise, the importance of understanding ethnicity has received increased attention in leisure programming (Dieser, 1997; Edginton et al., 1998; Pfister, 1993) and therapeutic recreation (Datillo, 1999; Dieser & Peregoy, 1999; Sheldon & Datillo, 1997).

Methods

This qualitative investigation asked certified therapeutic recreation

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To this end, governmental organizations have used the term visible ethnic minority to understand people who belong to ethnic groups which are non-White (e.g., First Nation People) (see Day, 2000; Kitchen, 1995).

professionals how they utilize therapeutic recreation practice models to manage cross-ethnic interactions in therapeutic recreation programs. To accomplish this research objective, semi-structured interviews were conducted — these interviews attempted to describe the world from the research participant's point of view, to uncover understanding of their lived realities in therapeutic recreation practice.

In this regard, the researcher used a conversational approach to interviewing. A conversational interview gives the researcher an opportunity to learn about experiences, feelings, and thoughts of research participants in a semi-structured format. Carson (1986) outlined two aspects of conversational interviews. First, a conversational interview illustrates a mutual questioning of a common topic between a researcher and a research participant. In this study, that topic was how therapeutic recreation specialists who utilize a therapeutic recreation practice model manage cross-ethnic interactions. Second, conversations are not linear, rather they are discursive. Thus, to gain understanding, the researcher may need to address contradictions in a tactful manner.

The primary criterion of eligibility to participate in the study was that a therapeutic recreation specialist: (1) must have utilized a therapeutic recreation practice model while working with a client from an ethnic minority culture; (2)

the therapeutic recreation specialist resided in Canada;[22] and (3) the therapeutic recreation specialist was certified via the National Council for Therapeutic Recreation Certification.

After securing names of potential research participants from various therapeutic recreation membership directories (e.g., Alberta Therapeutic Recreation Association, Atlantic Canadian Society for Certified Therapeutic Recreation Specialists, British Columbia Therapeutic Recreation Association), fifteen participants were identified as potential research participants from across Canada. Of these fifteen potential research participants, nine therapeutic recreation professionals felt they could not participate in the study.

Four of the nine participants who did not participate in the study disclosed that they had not worked recently with a client from an ethnic minority background. One respondent noted "in this 256-bed nursing home there isn't a single person who is from an ethnic minority culture," while another respondent stated that she "had never worked with a client who is from an ethnic minority background." Another person responded that although there were clients from ethnic minority backgrounds in her employment facility, none were on her caseload.

Likewise, another four potential research participants did not participate in the study due to confusion and complexity about working with clients who

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Because the primary researcher was affiliated with a University in Canada, it made pragmatic sense to have research participants reside in Canada.

were from ethnic minority cultures. All four potential research participants provided confusing and shifting reasons that they would not be eligible to participate in the study. Two quotations from the researcher's personal research journal[23] underscore the *possible* confusion and apprehension of working with clients who are from ethnic minority cultures

> On March 7th I spoke with Gary[24] who, at the beginning of our conversation stated he had never worked with a person from an ethnic minority and then later disclosed that he had worked with ethnic minority people in the past. He then stated that "I don't know if this is right, but I just treat them as anyone else. They are the same as anyone." He then shifted his conversation toward not being eligible for the study, because he never used any therapeutic recreation practice models. He spoke on this for a short time, and then apologized for not being eligible and ended the conversation.

The second quotation also highlights the uncertainty about working with clients from ethnic minority cultures:

> I just got off of the phone with Kimberly regarding her volunteering to be in the research study. I found her rationale for why she was not eligible interesting and confusing. She first stated that she had not worked with someone from an ethnic minority background for two months and thus was not eligible for the study. I clarified to her that the relevant issue was a clear and accurate memory [of working with the client], and not time per se . . . Kimberly then shifted her eligibility concern and disclosed that she was not eligible, because the client was bi-cultural and didn't meet the requirements of the study. I explained to Kimberly that a bi-cultural person, with dual ethnic backgrounds [e.g., White and First Nation], is still a person from a ethnic minority background. Kimberly then stated more firmly and with more direct expression that she was not eligible for the study, because the client was one-fourth Native and did not identify as an ethnic minority person. She then told me that the client once stated in a

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23 Throughout the research project a personal research journal was kept by the researcher.

24 All personal names, employment facilities, and educational institutions are pseudonyms.

> joke that he was part Native-Indian and that nothing else was ever made of his ethnic background. She then quickly apologized for not being eligible for the study and explained that she could not help me. She also added that it was five years or so since she had worked with someone who was full ethnic minority.

Perhaps, due to uncertainly and the complexity of working with clients who are from ethnic minority cultures (see Fox, 2000a; Gudykunst, 1998; Peregoy, Schliebner, & Dieser, 1997), these four potential research participants felt uncomfortable with participating in the study. The last potential research participants who did not enter into the study gave no explanation, she simply stated in an e-mail message that she did not want to participate in the study. Hence, six certified therapeutic recreation specialists participated in this study. All six research participants resided in Eastern Canada (e.g., Nova Scotia, Quebec). Table 5 presents descriptive and demographic information regarding the research participants.

The research interviews occurred over the telephone[25], were recorded on audio tape, and then transcribed with the research participants' written consent. Each interview ranged from one to just under three hours in duration. The interviews consisted of open-ended questions but were flexible to allow a

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Due to a lack of finical resources (e.g., not enough money to fly to six differing areas within Eastern Canada), a decision was made to conduct telephone interviews instead of face to face interviews. Although telephone interviews are a valid medium for qualitative research, they have greater limitations compared to face to face interviews (see Miles & Huberman, 1994). First, it is difficult to observe non-verbal language of research participants (e.g., body movement). Second, when compared to face to face interviews, it is more difficult to develop a trusting relationship between the research participants and the researcher.

conversation to occur during the course of the interview. The interviews began with broad questions related to therapeutic recreation and then shifted to more focused questions pertaining to understanding the participants' experiences in using therapeutic recreation practice models to manage cross-ethnic interactions during therapeutic recreation practice.

To analyze and interpret the data, three steps were adapted from Miles and Huberman (1994). First, concepts and ideas were noted in the interviews. This was ongoing and began after the completion of the first interview. Within minutes after each interview a contact summary form was completed, which consisted of documenting the main issues and themes that were underscored in the interview, summarizing information aligned to differing questions or conversational topics discussed, and articulating new or remaining questions that could be considered if another interview was conducted (contact summary forms were adapted from Miles and Huberman, 1994 p. 53). Revisiting the interviews through the transcripts and tapes was critical to identify ideas and concepts.

Second, clustering of concepts and ideas occurred until there was a consistent theme. Clustering began after the second interview and continued throughout the remaining interviews. Two strategies were used to cluster themes: the creation of word documents (words were created around certain themes) and theme modeling (placing quotes under corresponding theme headings). This process of clustering has also been termed as a constant comparison (see Creswell, 1994; Glaser & Strauss, 1967; Lincoln & Guba, 1985).

Third, analysis was facilitated via comparisons and contrasts. During data collection and analysis, it became apparent that there were constant themes in comparable and contrasting manners. For example, when research participants were aware of diversity issues (constant theme), some participants embraced diversity and uncertainty while other research participants avoided or reduced diversity concerns.

In addition to these three steps, throughout the research project the researcher kept a personal research journal. Journaling is a metaphysical activity in which the journal keeper makes sense of lived experience (Murray, 1997). Because qualitative research is self-conscious raising for the researcher (Ellis, 1998), journaling allowed personal reflection on the research process and documented interpretations of the research.

Findings and Discussion[26]

The results that follow present the most salient and consistent themes and perspectives described by the research participants. Specifically, the prominent themes that emerged from the research participants were 1) implementation of Euro-North American universal notions; 2) awareness of diversity issues; 3) awareness of limited diversity training; and 4) importance of family involvement.

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In this study, interpretations of findings and a discussion follow directly from the themes (findings). Hence, unlike some types of qualitative research which have separate sections oriented toward findings and a discussion -- this study has less separation between findings and discussion. In particular, after each theme is outlined a discussion takes place that is grounded in theory. In many ways, this study followed a grounded theory approach similar to Allison's (1999) qualitative study regarding diversity in recreation organizations.

Implementation of Euro North American Universal Notions: "Just normal leisure habits"

One of the most notable themes among the research participants was to begin describing the purpose of therapeutic recreation in broad and generic terms. In particular, participants explained that the purpose of therapeutic recreation was to increase quality of life, life skills, wellness, or personal meaning in life. For example, Myra responded that

> The purpose of therapeutic recreation for me is generally to improve the quality of life, so my purpose here is to improve the quality of life, whether it be providing anywhere from exercise classes to reminiscence to just being more of a counselor-type. So whatever is going to help the patient deal with what they have to deal with at this phase in their life, that's how I see therapeutic recreation.

Likewise, Nancy explained that the general purpose of therapeutic recreation is to ". . . maintain quality of life, to maintain skills, quality of life, through relationship building, and that kind of thing."

However, as the researcher explored the meaning of these broad terms, it became obvious that for all six participants the purpose of therapeutic recreation was to facilitate and implement Euro-North American universal notions of personal choice, individual autonomy, selfhood, and independence. In response to a probe regarding the meaning of quality of life, Myra explained that

> Myra: . . . so I try to keep this whole leisure lifestyle approach; it's a continuation, it doesn't stop.
>
> Interviewer: Right, okay. Now, with the leisure lifestyle you just

> mentioned, Peterson and Gunn,[27] in their model, from how I interpret and understand it, refer to a leisure lifestyle as having leisure behaviors, independence, intrinsic rewarding activities, being self-selecting and self-regulating. Do you generally follow that, or not?
>
> Myra: Yes I do, but I, because of the abilities of a lot of my patients, they will never quite get to an independent state in most cases, especially a lot of my cognitive impaired individuals, who are coming out of CVA or traumatic brain injury, where they will need constant assistance. I see their independence where they're able to participate.

Although Myra realized that independence was impossible for many of her clients to achieve, her ultimate purpose for therapeutic recreation intervention was to increase independence. Betty, who also uses the Leisure Ability model, responded almost identically to Myra in explaining the meaning of quality of life ". . . ultimately, we want them [clients] to be as intrinsically, you know, self-regulating, self-initiating, and we're doing a lot of things in that regard with them." Another example of the alignment of the broad purpose of therapeutic recreation with selfhood and independence was expressed by Karen. She first explain that the purpose of therapeutic recreation was to encourage wellness. However, as she explained what wellness denoted, her definition was aligned to self-oriented terms, such as self-esteem and self-actualization. Furthermore, Karen disclosed that she tries to engineer flow experiences as a vehicle toward achieving self-actualization as an ultimate end state

> Well, I think they [flow and self-actualization] kind of go hand in hand. If

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Throughout the interviews research participants used differing terms regarding the Leisure Ability model. The Leisure Ability model was also referred to as the Peterson and Gunn model and the Peterson and Stumbo model.

> there's no opportunities for flow, I think that the self-actualization occurs oftentimes during flow experiences, or because we have those opportunities for flow experiences. If life is so crazy, and your not taking time for yourself, and your stress level is way over the top, you're not going to be taking care of yourself. So you're not going to have those opportunities to self-actualize. Yeah, I see that as being pretty integral.

Sally, who works with adolescent women in community and school settings also described the specific purpose of therapeutic recreation to encourage choice, autonomy, and individual freedom.

Perhaps the most salient description that encapsulates the axiom that research participants are using Euro-North American universal terms to explain the purpose of therapeutic recreation came from Bob. He explained that the purpose of therapeutic recreation was to develop "Just normal leisure lifestyle habits. Also, for an opportunity to continue to develop and to, you know, personal development. Also, it's an opportunity for self-expression, those type of things." For Bob, normal leisure lifestyle habits consisted of personal development and self-expression.

On a surface level, describing the purpose of therapeutic recreation in terms of personal choice and development, individual autonomy, selfhood, and independence may not seem problematic; it may even seem like the correct way to explain therapeutic recreation. These are fundamental assumptions rooted in the Leisure Ability and the Health Protection/Health Promotion models (see Austin 1998; Peterson & Stumbo, 2000). However, as some leisure professionals and scholars have highlighted (Dieser, 1999; Dieser, 2000; Dieser and Peregoy,

1999; Fox & van Dyck, 1997) terms such as personal choice and development, individual autonomy, and independence are notions that are premised upon Euro-North American White individualistic-oriented cultures.

Additionally, recent research and scholarship in cross-cultural psychology posited that individualistic and self-oriented concepts such as personal development and control and intrinsic motivation are not universal notions; rather, they are values associated with White Euro- North American cultures (Choi, Nisbett, & Norenzayan, 1999; Heine, Lehman, Markus & Kitayama, 1999; Iyengar & Lepper, 1999; Rose, 1998). Heap, Hollis, Lyons, Sugden, and Weale (1998) underscored that the notion of personal choice developed from European economics that was premised upon individualistic values. Furthermore, Iyengar and Lepper (1999) argued that

> So ingrained is the American assumption that people will find choice intrinsically motivating that psychologists have rarely paused to examine the more general applicability of these findings . . . Now consider a different cultural context, one in which the participants possess a more interdependent model of the self . . . Interdependent selves, therefore, might sometimes actually prefer to submit to choices expressed by others if the situation enables them to fulfill superordinate cultural goals of belongingness (p. 350).

Moreover, cross-cultural scholars have argued that self and internal-oriented concepts, such as self-actualization, self-esteem, and independence may not be appropriate wellness variables for people who embrace collectivistic values (Choi, et al, 1999; Heine et al., 1999; Iyengar & Lepper, 1999; Matsumoto, 1996). For example, collectivistic approaches to therapy and social services,

opposed to individualistic and Western approaches such as a 'person-centered approach,' are needed in American Indian communities in the United States (LaFromboise, Trimble, & Mohatt, 1990) and First Nation communities in Canada (Mawhiney, 1995; Waldram, 1997). LaFromboise et al. (1990) suggested that because American Indian people believe that mental health is spiritual and community-oriented in nature, conventional psychological and social services that foster "a clinical mentality that emphasizes action and a sense of responsibility to individual clients . . . over a service orientation to the larger community . . . are indeed inappropriate for service deliveries in Indian communities" (p. 317).

Moreover, providing interventions that are premised upon dominant Euro-North American values can cause harm to clients. For example, in American Indian and First Nation communities the tensions that result from the pull of the dominant culture and tribal expectations to maintain traditional values can lead to drug and alcohol dependency, truancy, school failure and suicide (Red Horse, 1982; Shore, 1988; Waldram, 1997). Likewise, Segall, Dasen, Berry, & Poortinga (1999) underscored that people from minority cultures who have little possibility of cultural maintenance, due to values that differ from the dominant culture, experience serious psychological disturbances such as depression.

In regard to the study presented in this paper, all research participants clearly described the purpose of therapeutic recreation in Euro-North American terms of individualism. That is, as research participants explained the purpose of

therapeutic recreation with greater depth, they clearly expressed Euro-North American terms of personal choice and development, individual autonomy, selfhood, and independence. In sum, research participants treated these Euro-North American terms as universal notions without any caveats, cautions, or attempts to challenge or move away from these dominant Whitestream themes.

Awareness of Diversity Issues: "How much of this is cultural, how much of this is them?"

A prominent theme among all participants was an awareness of and struggle with understanding diversity issues. As Betty explained with genuineness and honesty

> I guess I'm struggling with whether, because I'm choosing this individual [client], and he just happened to be Black, but whether there was, what I struggle with is that I didn't feel his treatment, or even his family involvement was maybe any different than someone who wasn't Black . . . I'm aware that they're from a different ethnic background, but this, these, like, the individuals that I've worked with certainly have been Canadian-born, have lived and grown up in our city, and from the short amount of time with this individual, he was here about two, three months maybe, but I didn't seem to have to, certainly look at his ethnic background in order to develop a treatment plan.

Likewise, Bob also struggled with how to manage cross-ethnic issues. In an insightful manner, Bob disclosed

> And they [ethnic minority clients] might not see it [leisure] as having any value, and it becomes very difficult. I mean, part of our onus is not to impose our values and attitudes on individuals, even though we may see leisure as the end-all-be-all or as the reason to be, the raison d' etre or whatever. A lot of those cultures have no use for you as individuals, so the biggest barrier we encounter with people quite often of different ethnic groups is they don't have any values to leisure, or they see it as more a tradition that is to be earned or it's a secondary reason.

Bob, like all of the research participants was aware struggled with managing diversity issues.

In regards to recreation and leisure, some of the research participants became aware of differences and struggled with how to manage these differences in a therapeutic recreation setting. Karen, while working with a First Nation adolescent woman, noted

> There was very limited involvement in [recreation and leisure], and part of that comes from where she was living, there was very little opportunity for any organized involvement, because the reservation she lived on has nothing . . . There was no sense of internal motivation to do anything, except, you know, watch T.V.

Although Karen viewed the lack of intrinsic motivation as primarily a leisure resource constraint, cross cultural scholars have underscored that some First Nation people follow collectivistic and externally-oriented motivation, as opposed to internal motivation, especially in relation to healing (see Brant, 1990; Waldram, 1997). Additionally, Iyengar and Lepper's (1999) research clearly illustrated that intrinsic motivation is cherished by Euro-North American people but is less relevant for people from socially interdependent cultures. Similarly to Karen, Myra articulated how an elderly Japanese women viewed leisure for external purposes

> Myra: . . . she [client] knew what bingo meant, you know. Someone would say bingo, and she'd go . . . for her. It was winning a prize, you know, she would go. This is where the cultural difference showed, like she wasn't going there to play the numbers and stuff . . . she wanted to go to get a prize . . . It was like she wanted to get that bar of soap or that bottle of moisturizer, or something like that.

Interviewer: Like a functional reason?

> Myra: Exactly! It was a functional reason to, like, and it would, and you could see her, because she would go into the room. And she would point to that, and that was what she needed, and she needed to win in order to get that, because it costs a lot of money, and her family didn't have a lot money to buy her those things.

In this regard, there has been scant attention directed toward a cross-cultural understanding of leisure (Chick, 1998). Mannell and Kleiber (1997) acknowledged that a significant limitation pertaining to research regarding leisure is that it has focused primarily on members of the dominant culture in North America and has ignored cultural and ethnic differences. Furthermore, recent research suggested that the definition of leisure across differing cultures may vary widely. For example, Fox (2000b) underlined that the Native Hawaiian concept of leisure combines the elements of manawa (lingering, gentle ebb of water across a tranquil bay) and nenea (relaxing or at ease with gentle voices of the birds). Such elements to leisure are very different from the traditional social psychological approach to leisure that emphases perceived freedom and intrinsic motivation. Likewise, McDonald and McAvoy (1997) highlighted how First Nation people of Canada maintain collectivistic values regarding leisure when compared to the dominant population:

> In the Euro-American world there is a tendency to fragment human experience into specific types, and to institutionalize this separation with labels like work and leisure. Native American cultures, in contrast, tend to see leisure as inseparable from a host of other concerns and interests. (p.151)

Awareness of how cultural factors, such as individualistic and collectivistic

values, influence leisure has spurred a call for an anthropological emphasis in understanding leisure (Chick, 1998; Fox, 1997; Hemingway, 1998; Kelly, 1998).

Dealing with the Diversity Struggle

Although all of the research participants were struggling with diversity issues, they dealt with the struggle in two different ways: some embraced diversity while others avoided or reduced the complexity of diversity. Karen, who worked at a rehabilitation facility for people with chemical dependency, embraced diversity by supporting her client's involvement with First Nation healing and spiritual ceremonies.

> Yeah, and they [First Nation people] do a lot of rituals. They still do a lot of ritual-type, yearly rituals, bringing all the different reservations together. Drumming is a big part of the culture that she [client] was involved with, and the dance, so that was pretty important to her.

In contrast to Karen, some of the treatment team members perceived the clients' involvement in First Nation ceremonies as secondary and irrelevant toward treatment. For example, certain treatment team members felt that utilizing spiritual Elders and other First Nation resource professionals was problematic to treatment

> Karen: He [First Nation counselor who specialized in First Nation perspectives of chemical dependency] came to talk to the clients, and he had, I had a very negative response from the treatment team because, you know, what came out of his discussions with the clients, the treatment team didn't really like . . . It's fear, of, that maybe, another way isn't; like maybe my own way isn't the best way, or isn't the only way.
>
> Interviewer: Sure, sure. And, I think also, and I'd be curious how you respond to this, I think there's also fear in giving up the expert title.

Karen: You bet!

Although Karen was not sure why a First Nation paradigm to treatment was important to First Nation clients, she definitely knew that First Nation treatment activities (e.g., drumming, sweat ceremony) benefitted them. Waldram (1997), a medical anthropologist, articulated how symbolic healing during First Nation spiritual ceremonies is critical to overall health: "Although technology can rid one of disease, 'healing' can only occur where the medical system is interpretable between the healer and patient" (p. 71). Additionally, Waldram underscored how contemporary biomedicine has constructed a system of treatment that is premised upon the assumption that the mind and body are separate biological entities, which is a foreign and confusing paradigm to many First Nations people.

Myra, who worked with an elderly Japanese women, also embraced diversity. However, Myra went beyond supporting ethnic-oriented leisure activities — Myra changed her professional role as an 'expert' to a 'learner' or 'student.' In Myra's initial interaction, her client was unresponsive to interventions and refused to eat:

> She [the client] had suffered a CVA, and there was a big problem with her not wanting to eat, and just having lost all motivation to do anything, and the family, who was able to converse with her in Japanese . . . had said she had a death wish, and she had no desire to live. . . So the first couple of weeks I would go see her, and she didn't really speak to me much, and I made friends with the family. They were my first approach . . . And I looked at the feeding problem, I said, this lady is really not eating, and I thought, what can I do in my activities that would stimulate her to want to eat? So I got this idea; she loved sushi and used to be an incredible sushi

> maker . . . So I said, all right, well, let's have her teach me, this little English Anglophone, how to make sushi. And that was my approach with her. It worked . . . it just stimulated her senses, I think, the smells and she would eat more, and it was the first real positive thing that we started to see from her. She just started to come around, and she started to walk again. Where you know, I would always use cooking sessions as a way of hey, you know, let's get up and walk.

Additionally, some Myra's treatment team colleagues also changed their roles to become learners rather than experts, and they learned about Japanese culture

> . . . the music therapist had to go to the library and find specific Japanese music notes, I mean, we worked very hard . . . So, it was a big team effort, and it took, if he hadn't have looked at her culture and tried, you know, I don't think she would have made it. We had to bend, we had to find something. If I had invited her to a chocolate cookie cooking session, she wouldn't have been interested.

While Karen and Myra embraced diversity, other research participants did not embrace diversity — they avoided the complexity of diversity and reduced it to idiocentric notions.[28] Nancy, who clearly was struggling with the complexity of diversity reduced the complexity to an individual level

> Nancy: Well, no, I guess my, I would struggle with everyone, always wondering if I was doing the right things . . . It's not so much a cultural thing; it's a who is this person and how can I best meet their needs and reach the therapy sessions [objectives] . . . because my approach would always be respectful, making sure that I'm, that they're comfortable with me, through my use of language, verbal language, body language, you know, with sensitivity. So it wouldn't, it would be the same for anyone, that I would be, that, you know, the interaction wouldn't change
>
> Interviewer: Yeah, the thing I'm hearing over and over is that you take a very individualized approach to clients, and that you have the same sort of individualized approach, and if something did come up, if they reported

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[28] Idiocentric is defined as individualistic tendencies observed at the individual level (see Matsumoto, 1996).

> something related to cultural issues, you would address it, and if they don't, it's not addressed.
>
> Nancy: Right.

Although an individualized and person centered approach is advocated by many therapeutic recreation scholars and practitioners (e.g., Austin, 1997; Bullock & Mahon, 1997; Carter, Van Andel, & Robb, 1995; Peterson & Stumbo, 2000), such an approach is premised upon Euro-North American values of individualism and lack of appreciation of culture. Sue and Sue (1990) argued that

> Such terms as "person-centered" or "person-blame" indicate a focus on the individual. Those who hold a person-centered orientation (a) emphasize the understanding of a person's motivation, values, feelings, and goals, (b) believe that success or failure is attributable to the individual's skills or personal inadequacies, and (c) believe that there is a strong relationship between ability, effort, and success in society. In essence, these people adhere strongly to the Protestant ethic that idealizes "rugged individualism." On the other hand, "situation-centered" or "system-blame" people view the sociocultural environment as more potent than the individual (p. 143-144).

As the interview progressed with Nancy, she explained that although she was attentive to the individual client, she had very little training or knowledge about cross-cultural differences in formal education or through the certification process. Furthermore, in the nature of the interview Nancy became aware that she had not focused on understanding verbal and nonverbal language from a cross-cultural perspective.

> Interviewer: So, when you're being attentive . . . are you aware that there could be differing, say, nonverbal or verbal behaviors due to one's ethnic background? Are you looking for differing things?
>
> Nancy: With this one individual I didn't . . . I was more, none were

> obvious to me, I guess, so maybe I just didn't. I just sort of registered it and kind of was filed. I wonder if I was working with . . . someone that I haven't, don't know a lot about their culture, that maybe I would even be more prepared when I go into an interview. I wouldn't take it so much for granted that I would be able to read their body language; I would become more knowledgeable about it.[29]

Taking an individualized or person centered approach to therapeutic recreation programming was a pervasive theme throughout all six interviews.[30]

There were other examples of eliminating and reducing the complexity of diversity to an idiocentric level. For example, Sally, wondered aloud "How can rec therapy be used to eliminate some of those barriers, be it, you know cultural differences, language differences, all of those things." Further, when asked about therapeutic recreation programing from an ethnic perspective, Sally repeated that she does not "single anyone out" or make special arrangements. That is, instead of recognizing and embracing differences, Sally wanted to eliminate diversity by treating everyone as the same. Furthermore, Bob, who explained that relationship development presented the most prominent barrier in therapeutic recreation practice when working with clients from ethnic minority backgrounds, reduced and oversimplified complex social and cultural variables to an individual level —

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I want to make it perfectly clear that although Nancy became aware of a past cross-cultural error, in my view, Nancy was a competent therapeutic recreation specialist. Further, her reflective nature and strength to speak plainly about past events speaks highly of competencies (see Fox & Van Dyck, 1997 and Kivel & Kivel, 2000 regarding the ethical competencies of being a reflective professional who can embrace past cross-cultural concerns).

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Even Myra, who embraced diversity, followed a person-centered approach. However, Myra shifted from a person-centered approach to embracing cultural and social variables.

clients simply had an attitudinal barrier to leisure (idiocentric notion).

An example of social and cultural variables that may intervene with the development of a therapeutic relationship may be historical and cross-cultural interaction (e.g., colonialism) in which White people tried to assimilate people from differing cultures into a Whitestream society (e.g., Battiste, 2000). In regards to helping relationships, numerous cross-cultural scholars (e.g., Fernando, 1991; Fish, 1996; Sue & Sue, 1990; Vontress, 1981) underscored how people from ethnic minority cultures distrust White therapies, because they perceive White therapists as assimilation agents who will normalize them into White culture. Reducing cultural, political, and social realities to an individualized level that maintains that clients, opposed to approaches (e.g., social variable of mental health training), need to change follows a White Euro-North American model of treatment (Sue & Sue, 1990; Waldram, 1997) and shifts responsibility away from social institutions that support dominant worldviews (Wearing, 1998; Witt, 1991).

Awareness of Limited Diversity Training: "Their curriculum is in the toilet"

A profession's commitment to diversity is reflected in the extent to which diversity training is embraced and communicated through training programs (Bedini & Stone, 2000; Peregoy et al., 1997). This point was implicit as research participants clearly explained that training programs lacked diversity training. Nancy, in comparing her undergraduate to her graduate program, sharply criticized the scant attention to diversity issues in her undergraduate program:

> . . . I know that there's a noticeable difference between my cross-cultural education from _____ University [where Nancy completed her undergraduate degree] and the University of _____ [where Nancy is currently completing a Masters degree] . . . their [university where she gained her undergraduate degree] curriculum [regarding diversity issues] is in the toilet . . . they need it [diversity training at the undergraduate level], but I think they may have changed course names, so that it better fits the NCTRC curriculum.

Similarly, when asked whether her training prepared her to work with clients across differing cultures, Myra also highlighted the lack of diversity training at the university and NCTRC certification level:

> Myra: I think my biggest awareness [to diversity issues] was probably as a kid. I mean, just being taught that from my own parents, you know, to respect differences . . . I think it's just in my personality to be very open to those differences and respect them.
>
> Interviewer: Did you find, as you went to school to be prepared and trained as a therapeutic recreation specialist, both through the formal education of whatever college and university you went to, and through the certification process, have you felt that has helped you in any way become aware of the cultural differences?
>
> Myra: I'm not sure. I mean I remember some of, I would say, like I remember specifically some of my sociology courses which I really enjoyed . . . so, I'm not sure if just because I was in that class it opened my awareness. I think it was this, it was myself wanting to be open to it.

However, during different sections of the interview and in a conversation prior to the interview, Myra repeated how the NCTRC examination had no testing of knowledge regarding ethnic and cultural issues and focused simply on professional issues, such as how to follow a model of practice:

> When I [was] preparing for the certification exam, there's so much emphasis that's put on the Peterson and Gunn model that, I mean, like that's what we studied all of the time . . . that was the model that you were questioned on over and over again.

In a telephone conversation prior to the formal interview, Myra disclosed that she used the Leisure Ability model not necessarily because it helped clients from differing ethnic backgrounds, but because it helped therapeutic recreation intern students prepare for the certification examination.[31]

Karen also explained that there was limited discussion of diversity issues in training programs and wondered how the Leisure Ability model could be adapted to be used cross-culturally. When asked to think back to her formal training in therapeutic recreation and asked if any course work focused on diversity issue, Karen noted "No . . . I never took a, like, class within a broader class. I never took a class on, you know, diversity of anything like that." Karen then questioned aloud whether therapeutic recreation practice models could be used cross-culturally " . . . And how do we use those models within the cultures that are there . . . I think in some ways we're missing the boat."

To this end, survey research also suggested there is scant attention directed toward learning and understanding diversity issue in therapeutic recreation (Peregoy et al., 1997) and graduate-level leisure curriculums (Dieser, & Peregoy, 1998) at the university level. Likewise, there is almost no mention of developing cross-cultural or diversity knowledge and skills in the National Council for Therapeutic Recreation Certification Standards booklet (see NCTRC,

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31 This was documented in the researchers personal journal directly after a telephone conversation with Myra to schedule a time to begin the formal interview.

2000).

To help therapeutic recreation specialists understand and navigate through diversity issues, Dieser and Peregoy (1999), building upon the work of McFadden (1993), argued that cultural assessments and histories should be included into therapeutic recreation practice models and in formal therapeutic recreation education. All of the research participants, when questioned about cultural assessments, commented that a cultural history or assessment was not included in their educational or employment settings. Further, respondents were keen about conducting a cultural assessment. For example, Betty stated:

> Well, you know, I think, as I'm, you know, as you and I are talking today, and I've thought about this over the last little while, as I knew this was coming up [telephone interview], that there is relevance to it [cultural history/assessment], or to asking questions in relation to their ethnic background, and it would be, I think, the importance is how those questions will be asked . . . As I look back to this family [client and clients' family] I think, maybe there were more, you know, issues ethnically that could have been addressed that might have met even more of his needs.

Similarly, Karen noted that " . . . I would say that it [cultural assessment] is an area that needs to be looked at because we deal a lot with . . . Black culture and Micmac."

Moreover, many research participants speculated that a cultural history or assessment may highlight diversity-oriented antecedents to leisure constraints and barriers. In particular, Betty, Karen, Myra, and Nancy reported that in indirect non-planned conversations regarding the clients ethnicity they discovered that 1) White culture was a constraint or barrier to leisure and other lifestyle pursuits and

2) people of ethnic minority backgrounds had differing leisure experiences. In conversing about her client's past leisure, Betty explained how her client lived in a predominantly Black community and speculated that his leisure experiences were probably different due to where he lived:

> This community that I live in [which is the same city that the client lives in], and it's, it can be very, it's sad, that it can still be divided. There's still your community that is predominantly Black and your community that is predominantly White . . . It is still divided, and you probably still have your predominantly Black activities out in, you know, the areas that are more populated by Black people. So having said that, I think that, I think it [cultural history] should be, I mean, if that's the area they grew up in . . . I definitely feel that it would be beneficial . . . it [leisure and lifestyle] could possible be different . . . because I grew up as a White individual in my community, and so my experiences could have very much been different than his. He didn't identify it, and I didn't ask him about it.

When speaking about interpersonal constraints to leisure, Karen noted how her client, who was from a First Nation culture, felt uncomfortable in leisure and lifestyle pursuits in a predominantly White community:

> Interviewer: So she [client] responded that she felt uncomfortable being a Micmac woman, or young woman, going into a town site of predominantly White people?
>
> Karen: Yeah, in some ways, for sure . . . because there are so many issues with the Micmac people going to the school in the town. There was so much, kind of, racism, and this kind of thing going on.

Myra also disclosed how her Japanese client did not feel comfortable in a community rehabilitation program before being re-admitted into a hospital setting. Myra clearly communicated that a paramount variable in her client's unsuccessful community integration program was the treatment team's scant attention toward diversity-oriented antecedents and variables:

> Myra: . . . she was a vegetarian . . . she was fish only, and sushi, and people were eating meat around her [while in the community integration program], and it was totally against her. I mean, it was just wasn't in her morals to eat animals like that. She was quite disgusted at the beginning; she didn't like who she was with, and hated that. And the family would often say, she just doesn't like being with your type of people.
>
> Interviewer: Sure, sure. I was going to ask, I mean, you said she hated us, referring to, I think, more of a kind of a White Euro-North American type person?
>
> Myra: Exactly! Exactly . . . I think that when she was sent from the neurology department to community rehab . . . they [treatment team] probably didn't observe her different cultural views, you know, and it really was, I mean, she didn't like seeing people eating meat, you know. She didn't like people doing things she wasn't used to, and this was a lady that lived in Japan, and moved here [Canada], and had always surrounded herself with her family only.

Likewise, during the research interview Nancy speculated about the manner in which important information regarding racism and assimilation could be collected and used to help clients via a cultural assessment:[32]

> Interviewer: Yeah, and I heard you struggle a little bit about your own role in regards to that interaction, if you should have asked question about it [client's ethnicity] if you should have investigated that, or not?
>
> Nancy: We would do, we would, I don't know if you can call it cultural. I mean we do, oftentimes, that can be, sort of, gleaned out and say, that's necessarily cultural . . . he [client] probably experienced a lot of racism prior to, like, many years ago, and so, I'm wondering if, through the years he has become, he became, he knew how to either work the system of became adjusted to it.
>
> Interviewer: Assimilated?

32

Racism and assimilation influence leisure behavior. See Gramann, Floyd, and Saenz (1993) regarding assimilation theory and recreation behaviors and Allison (2000) or Kraus (2001) regarding ways in which racism and discrimination affect leisure planning and experiences.

Nancy: Assimilated, that's it!

Furthermore, Nancy also spoke about how cultural awareness via a cultural assessment would also provide pertinent data regarding dimensions of diversity beyond ethnicity, such as religion, gender, and nationality.

Importance of Family Involvement: "There's a real connection to community or family that is critical"

Ample research suggests that for people who embrace collectivistic values (e.g., African-American, Asian-Americans, First Nation people), large group and family involvement in leisure is paramount (Baas, Ewert, & Chavez, 1993; Carr & Chavez, 1993; Carr & Williams, 1993; Chavez, 1992, 2000; Stamps & Stamps, 1985). In the present study, a salient theme was that family involvement was perceived as paramount among clients who were from an ethnic minority background. Betty recounted in great depth how her client's family was notably involved with his treatment:

> Betty: . . . religion was a very important part of his [client's] life, and his family was very religious and, you know, sometimes even because he couldn't get to church anymore, they would bring in, you know, a small portion of the church choir, which happened to be gospel music . . . And the other two individuals that I worked with [that were also African-Canadian] . . . Again the family members would arrange to have someone from their church come in to sing, like some gospel music.
>
> Interviewer: Now Betty, would you say . . . I mean, do you see differences in regards to the way the family interacted and in regards to you know, some of the spirituality and the religious activities, when you compare it to White clients in general?
>
> Betty: I will say, now, again, the comparisons is smaller because I' ve had maybe five [clients from ethnic minority backgrounds] in total . . . We have had many White families that are very devoted to their family

> member, but every single one of the people that I've worked with [from ethnic minority backgrounds] have had a very close relationship with their family . . .His [client's] family wanted to ensure that he was getting the very best care, so they would, sort of, get the care that was required at first, from us [treatment team], but then they went above and beyond. And that was the same with every single ethnic African-Canadian individual that was here, is that the family. There was always several families members that were here ensuring that they got all of their meals, ensuring that they, you know got some stimulation, they got walks, they you know, they were involved in our programs, stuff like that. So it seems that there's a difference . . .

Karen also went into great depth regarding how family and spirituality was paramount to her client, who was from a First Nation culture

> What was interesting though, I guess, one of the positive aspects was, she [client] was a very spiritual person, so she used that spiritual side of herself to cope with the stress . . . where the family comes in was, that was, I mean, she very much learned this behavior [spirituality] from her whole family . . . so, some of the work that I did with the family; oh, we don't do a lot of work with family . . . [but I] talking about some of the goals that I had set with Jennifer [clients pseudonym], and how they could, as a family, start to help Jennifer along with those [treatment goals]. So, for example, her and her mom started walking together when Jennifer got home . . . Another area we explored with her was definitely her artistic side, and looking at that, and that was, that became something that continued on when she returned home as well. Her mom created a base downstairs for her to continue with that . . . A lot of our families aren't involved at all. Jennifer's family was very involved, and that's it. A general sense I get of a lot of the clients that we have from the Micmac culture is that their families are involved; their families, or the Elders, like there's a real connection to community or family that is critical.

Karen ended her interview by questioning the appropriateness of using therapeutic recreation practice models with clients who embrace collectivistic values

> How do we use those models within the cultures that are there? Is there a need to be some additions to models, you know really looking at, you know, family as part of leisure education? . . . A lot of the time,

> therapeutic recreation is really about the individual that we're working with.

Nancy, who worked with a male client who was African-Canadian, also observed that there was much family involvement during therapeutic recreation programming

> Nancy: . . . the family has, they're very involved as volunteers within the program
>
> Interviewer: More so, than, would you say, typical?
>
> Nancy: Yeah . . . dedicated volunteers. We have a weekly music sing-song that happens Thursday nights, and although the client had been transferred off the special care unit . . . [the client and his family] continue to come . . . Yeah, and they [family members] bring their husband/father [client] down when they come.
>
> Interviewer: Right, okay. So, generally speaking, in regards to Steve [client's pseudonym], his family is more involved than just, if you could categorize it or generalize it, to other families.
>
> Nancy: Oh, absolutely!

This same theme of family involvement was also visible in Myra's cross-ethnic interaction. For example, Myra's idea of the client teaching her how to make sushi stemmed from observation and communication with the client's family.

Conclusion

The qualitative study reported in this paper underscored the voices of certified therapeutic recreation specialists. When the four themes are put together, it suggests that certified therapeutic recreation specialists are aware of ethnic diversity (e.g., differing values and behaviors, family involvement) but are uncertain as to how to interact with client ethnicities due to a lack of professional

training. Furthermore, although the data uncovers some excellent suggestions regarding how to manage cross-ethnic interactions, such as including cultural activities into therapeutic recreation practice and learning about diversity from clients, this study clearly illustrates some problematic aspects of cross-ethnic interactions. In short, idiocentric tendencies and following Euro-North American notions which describe the purpose of therapeutic recreation and quality of life in terms of personal choice, individual autonomy, selfhood, and independence are potentially harmful when used blindly across ethnic culture, because these approaches and their philosophical framework follow the dominant discourse of Euro-North American individualism, rather than being aligned to ethnic backgrounds. Likewise, attempting to avoid or reduce the complexity and struggle with diversity does nothing to help clients who are from ethnic minority backgrounds.

However, it is clear that the people who participated in this study were competent professionals in many other facets of professional practice. For example, all of the research participants understood how to implement the Leisure Ability model and to follow the therapeutic recreation process. If therapeutic recreation curriculums, such as the NCTRC or university frameworks, do not expect students to gain cross-cultural awareness, knowledge or skills, can therapeutic recreation professionals be at fault for not understanding ethnic diversity issues? In short, therapeutic recreation training programs need to teach potential professionals about diversity.

If therapeutic recreation professionals want to help people from differing cultural and ethnic background, they need to develop cross-cultural and diversity-oriented awareness, knowledge, and skills (Bedini & Stone, 2000; Peregoy & Dieser, 1997; Peregoy et al., 1997). Beyond training potential therapeutic recreation professionals, partnerships between ethnic and professional organizations need to be developed. In many ways, going for sushi can be used as a serious metaphor for collaborative models of ethnic-oriented therapeutic recreation service delivery. As Myra went for sushi, she shifted her role from an expert to a learner or student. Moreover, Myra collaborated with her client and her client's family.

Drawing upon the work of Herberg and Herberg (1995), a possible model of ethnic-oriented therapeutic recreation service delivery, could be the development of partnerships with ethnic agencies and stakeholders (e.g., clients, families). Such an approach would draw upon the special expertise form differing people and groups to better serve clients from differing ethnic backgrounds. Furthermore, such partnerships with ethnic agencies and stakeholders need not be restricted to specific projects, but should be common practice. To this end, if therapeutic recreation professionals and organizations want to embrace diversity and celebrate differences, they must be prepared to go for sushi!

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Table 5

Descriptive and Demographic Information of Research Participants

Research Participant	Gender	Employment Site/Facility and population orientation	Ethnic and gender background of client
Norma	F	Community/school program for at-risk adolescent women	African-Canadian female adolescent
Andrew	M	Adult physical rehabilitation	Native-Black adult men and women
Colleen	F	Adult transitional care unit from medical community (rehab) to long term community placement (e.g., nursing home)	African-Canadian adult male
Karolyn	F	Adult long term care setting	African-Canadian adult male
Brooke	F	Residential substance dependency program for adolescents	Micmac Aboriginal female adolescent
Myra	F	Adult transitional care unit from medical community to long term community placement (e.g., nursing home)	Elderly Japanese-Canadian female

CHAPTER V

A GENEALOGY OF THERAPEUTIC RECREATION CERTIFICATION: PANOPTICAL DISCIPLINARY TECHNIQUES THAT EMBRACE THE DOMINANT DISCOURSE OF INDIVIDUALISM (Paper #3)

ABSTRACT

Building upon Foucault's (1977, 1998) framework of power, discourse, and techniques of discipline, the purpose of this paper is to provide a genealogy of the therapeutic recreation certification process and highlight how it is situated in a dominant discourse of individualism, and thus unknowingly reinforces individualistic notions as common sense practice among therapeutic recreation students. In particular, three disciplinary methods are used to support and reinforce individualistic notions as a "common sense" practice. First, the art of distribution is the disciplinary technique of individuation of space. The art of distribution is utilized during the certification process by teaching students how to individuated clients (therapeutic recreation process) and by having students individuate during the paper and pencil certification exam. Second, the examination combines hierarchal observation and a normalizing gaze to measure and prescribe interventions premised upon an assumption to treat clients as individuals or single cases. Third, the confessional is an act when an individual is exposed to an authority figure for self-reflection and self-knowledge purposes. The confessional is authorized by the NCTRC in that therapeutic recreation students must confess personal problems (e.g., disabilities, chemical dependency) to the NCTRC and teaching these students how to use the confessional during their fieldwork placement to have clients gain self-knowledge. Although these disciplinary techniques are widespread in Euro North American cultures, such techniques are not cross-culturally appropriate and unknowingly developed an archipelago of individualism to therapeutic recreation students in training.

KEYWORDS: Art of distribution, confessional, discipline, disciplinary techniques, examination, genealogy, individualism, National Council of Therapeutic Recreation Certification,

Near the end of the 19th century the American journalist Jacob Riis published the book How the Other Half Lives. In it, Riis (1957) articulated that public attention in America was focused on its "goodness" (e.g., invention, wealth, freedom) and scant attention was directed to the other half of America — those people who lived in the horror of slum conditions. How the Other Half Lives moved the reader beyond the rhetoric of the "excellence" of American life and uncovered the unknown and hidden aspects of America. In this regard, under the rubric of instrumental rationality (Sylvester, 1996), contemporary therapeutic recreation can proudly articulate its "functional outcomes" and "benefits" (see Coyle, Kinney, Riley, & Shank, 1991). However, strangely missing in therapeutic recreation literature are critiques of the other side — the "problematic" aspects of therapeutic recreation.

Building upon Foucault's (1965, 1970, 1977, 1978) framework of power, discourse, and techniques of discipline, the purpose of this paper is to provide a genealogy of the therapeutic recreation certification process and highlight how it is situated in a dominant discourse of individualism, and thus unknowingly reinforces individualistic notions as "common sense" practice.[33] The first section of this paper will provide a literature review regarding genealogy, therapeutic recreation certification, and the dominant discourse of individualism in North

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To avoid any misunderstanding, I wish to state from the outset that I believe in certification, however, my concern is with the structure and actions of the contemporary certification process.

American society[34]. The second section will examine the manner in which individualistic-oriented disciplinary techniques utilized by the National Council for Therapeutic Recreation Certification (NCTRC) unknowingly embraces individualistic notions in therapeutic recreation practice and supports individualistic concepts as common sense practice.

Genealogical Research

Genealogy is historical research of the present (Foucault, 1977) — contemporary events (e.g., therapeutic recreation certification) are analyzed historically to discover events which are invisible or masked (Dreyfus & Rabinow, 1983).[35] According to Foucault (1998) genealogy is a critique of "proper" historical analysis:

> The genealogist needs history to dispel the chimeras of the original . . . he [or she] must be able to recognize the events of history, its jolts, its surprises, its unsteady victories and unpalatable defeats . . . he [or she] must be able to diagnose the illnesses of the body [of knowledge], its conditions of weaknesses and strengths, its breakdowns and resistance, to be in a position to judge philosophical discourse (p. 373).

For Foucault (1998), genealogy contains three processes: (1) it is parodic, directed against common sense reality, (2) it is dissociative, opposed to history

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[34] The term North American will represent Canada and the United States.

[35] Genealogy has also been called critical history (see Rose, 1998).

presented as continuity or representative of a tradition, and (3) it is sacrificial, directed against commonly held truths/views. Genealogy is premised upon Nietzsche's (1989) criticism of history which gives voice to versions of history which acknowledge injustices and question suprahistorical perspectives which present progression of knowledge (e.g., development of the profession of therapeutic recreation) as unbroken continuity and advancement (Foucault, 1998). For example, Foucault's (1965) genealogical research regarding madness demonstrated that human service and science fields did not develop rationally, but from faulty calculations, accidents, and non-humane practices. Foucault argued that the end of the 'great confinement era' of people with madness during the latter half of the eighteenth century was not motivated by humanitarian concerns — rather, it was a stigmatizing response to a myth of a dreadful disease that spread from the houses of confinement. Moreover, the asylums and retreats that were erected for the purpose of rehabilitating people with madness were spaces where patients became encapsulated and normalized within the dominant bourgeois culture. The punishing "treatment" consisting of silence and isolation was used to humiliate and torment people with madness so they would assimilate into the mainstream culture. In essence, chains of silence replaced the chains of iron to suppress differences. In this regard, Foucault (1977, 1980) asserted that contemporary social and human services, which would include therapeutic recreation, simultaneously provide positive and negative outcomes —and that negative outcomes are *masked* by the constant rhetoric of productive and

beneficial outcomes.[36]

Moreover, Foucault (1998) asserted that genealogy includes an analysis of descent and emergences. Descent unmasks events that go unnoticed and disturbs what was previously considered solid; it fragments what was thought as unified. A genealogical analysis would divulge and question the 'official papers' of common sense thought. Emergence details the play of domination; it unmasks the system of rules that create domination and the rules and assumptions that cause harm. According to Shumway (1989), genealogy can be utilized to write or rewrite the history of a discipline, re-evaluate the field of rhetoric, reconceptualize contemporary politics, and resist disciplinary power. Genealogical research has been used to analyze madness (Foucualt, 1965) prison-oriented rehabilitation (Foucualt, 1977), sexuality (Foucualt, 1978), psychology (Rose, 1998), political ideology (Day, 2000), and high-performance sport (Shogan, 1999).

In regard to therapeutic recreation, Sylvester (1986) advocated the need to challenge core assumptions and values as to protect against the creation of monoliths. Extending Sylvester's thinking to the certification process, and building upon Foucault's (1965, 1970, 1977, 1978) genealogical analysis, this genealogical-oriented paper will examine the way in which the therapeutic

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Wearing (1998) underscored how the constant rhetoric of the benefits of leisure has contributed to the failure to look at the disadvantages of leisure which accrue to people from differing social class, gender, ethnic and cultural background.

recreation certification process normalizes people toward the dominant discourse of individualism. In particular, I will examine how the therapeutic recreation certification process uses individualistic technologies of discipline (the art of distribution, the examinations, and the confessional) to create individualistic actions as common sense practice. Although there have been some studies pertaining to the reliability of the certification examination (e.g., Riley & Connolly, 1997), there has been no attempt to critically analyze the certification process to identify hidden assumptions beneath the surface representation of the therapeutic recreation certification process.

Therapeutic Recreation Certification

Carter and Folkerth (1997) outlined certification as a credentialing process whereby the competency level of a professional or program as a provider or preparer of quality services is ensured. In 1981 the NCTRC assumed the management and administration of certification standards for therapeutic recreation personnel (Carter, Van Andel, & Robb, 1995).

A paramount reason for certification is to protect the consumer of therapeutic recreation services via the following functions: (1) establish standards for certification and recertification, (2) grant recognition to individuals who meet established standards of certification and recertification, and (3) monitor adherence to the standards (NCTRC, 2000a). To become a certified therapeutic recreation specialist (CTRS), each student must meet four predetermined qualifications: an academic degree at the bachelors degree level or higher, content

course work in therapeutic recreation and general recreation, support course work (e.g., abnormal psychology), and a 360-hour, ten consecutive week field placement experience under a placement supervisor who is CTRS certified (NCTRC, 2000a).[37]

Once these four qualifications are secured, a therapeutic recreation student is eligible to complete the certification examination. The NCTRC (2000a) National Certification Examination is administered in November of each year at 15 cities across the United States and is premised upon eight knowledge areas (NCTRC, 2000a): background information (8%), diagnostic groupings and populations served (14%), assessment (14%), planning the intervention (20%), implementing the individual intervention plan (21%), documentation and evaluation (13%), organizing and managing services (6%), and advancement of the profession (4%). Appendix A presents the conceptualization of NCTRC's eight knowledge areas.

Individualism as the Dominant Discourse in North America

A dominant discourse is the assemblage of statements arising in ongoing conversation, mediated by speakers and hearers separated from each other in time and space, which take on the credibility of 'truth' (Foucault, 1980). In other words, a dominant discourse is the accepted value or belief system that is shared

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37 The NCTRC has two additional equivalency paths to become certified. The primary difference is one to five years work experience in therapeutic recreation can be taken in lieu of a 360 hour fieldwork placement. However, the work experience must fall under the NCTRC (2000a) Job Analysis Skills.

or perceived as normal, natural, or "common sense." For example, Gudykunst (1998) underscored how eye contact during person-to-person communication in a North American context is premised upon individualism and is perceived as normal and common sense.

Individualistic values is a dominant discourse in North American society (Bellah, Madsen, Sullivan, Swidler & Tipton, 1987, 1991, 1995; Dustin, McAvoy, & Schultz, 1995; Fish, 1996; Fromm, 1969; Kingwell, 1998; Matsumoto, 1996; Seligman, 1990). Individualistic cultures give priority to individual goals and define personal identity in terms of personal attributes rather than group identification (Myers, 1993). The connections between people are loose in individualistic societies; most people are expected to look after themselves (Hofstede, 1991). Furthermore, individualistic cultures embrace independence, personal causation, and constructs that represent the self (e.g., self-esteem, self-determination) (Choi, Nisbett & Norenzayan, 1999; Fish, 1996; Gudykunst, 1998).

The dominant discourse of individualism is manifested and reinforced via meticulous rituals of everyday life through discursive actions and spaces in North American society. A sampling of such spaces and actions include: the legal language of rights and entitlements (Cairns, 2000; Bellah et al., 1991), personal identity (Baumeister, 1991), consumerism and personal appearance (Fiske, Hodge, & Turner, 1987; Kefgen & Touchie-Specht, 1981; Wearing & Wearing, 1992), politics and government (Cairns, 2000; Bellah et al., 1991; Reid, 1996),

contemporary psychotherapy (Bellah et al., 1995; Corey, 1991; Rose, 1998), mainstream environmental ethics (Bell, 1998), prevailing definitions of happiness (Kingwell, 1998; Hudson, 1992), and the media and entertainment industry (Bellah, et al., 1995). The following experience reported by Pedersen (1994) regarding teaching English as a Second Language in Indonesia exemplifies that individualistic values are rooted in the English language:

> I was asked why English speakers always capitalize the first person singular ("I") in writing English. I confessed that . . . I really had no idea why the letter "I" was capitalized when referring to the first person singular. The students smiled at me and said knowingly that they already knew why. They assumed it was because English speakers are so thoroughly individualistic that the capitalization of first person singular comes naturally (p. 46).

Therapeutic Recreation as an Individualistic Discourse

Individualistic notions are also pervasive in therapeutic recreation (Peregoy & Dieser, 1997). In particular, individualistic notions are widespread in mission statements of therapeutic recreation organizations (Peregoy & Dieser, 1997), therapeutic recreation practice models (Dieser & Peregoy, 1999), leisure education interventions (Dieser, Fox, & Walker, in review), and the practice of therapeutic recreation oriented integration for people with disabilities (Fox & Van dyck, 1997).

Peregoy and Dieser (1997) underscored the ubiquitous manner in which

the value of independence (which is derived from individualistic values) is fraught throughout the definitions and mission statements rendered by the National Therapeutic Recreation Society (NTRS) and the American Therapeutic Recreation Association (ATRA) regarding the role of therapeutic recreation for people with disabilities. For example, in 1989 the ATRA mission statement advocated focusing therapeutic recreation on the development of an appropriate leisure lifestyle so that achievement of *independent functioning* could occur. Likewise, NTRS (1994) defined therapeutic recreation as a means to help people develop *independence*. The revised definition of therapeutic recreation by NTRS still underscores the importance of developing independence (see Ashton-Shaeffer, 2001). Furthermore, a joint statement by ATRA and NTRS concerning the role of therapeutic recreation in national health care (ATRA, 1994) clearly positioned *independence* as the central task of therapeutic recreation. Similarly, the Canadian Therapeutic Recreation Association (1995) posited that therapeutic recreation services "support the goal of assisting the individual to maximize *independence* in leisure, optimal health and the highest possible quality of life" (p. 3, italics added). These therapeutic recreation institutions position the individualistic construct of independence as the chief benefit to be derived from therapeutic recreation.

The three most pervasive therapeutic recreation practice models — the leisurability model (see Peterson and Stumbo, 2000), the health protection/health promotion model (see Austin, 1996; 1998), and the therapeutic recreation service

delivery model/therapeutic recreation outcome model (see Carter et al., 1995; Van Andel, 1998) — are premised upon individualistic notions (Dieser & Peregoy, 1999). In regard to the leisurability model and the health protection/health promotion model, Dieser and Peregoy (1999) remarked that

> Both the leisurability and health protection/health promotion models assume that individualistic values are normal across culture. The ultimate aim of the leisurability model is to facilitate individualistic constructs such as self-regulated leisure behavior and independent leisure functioning. The goal of the health protection/health promotion model is to foster the development of self-actualization (p. 64)

Although Dieser and Peregoy (1999) concluded that the therapeutic recreation service delivery model/therapeutic recreation outcome model is less individualistic than the leisurability and health protection/health promotion models, they highlighted the manner in which core assumptions pertaining to client development is oriented toward individualistic notions — the client is to become self-sufficient, autonomous, and empowered via personal achievement.

Leisure education is a paramount element of therapeutic recreation (Austin, 1997; Dieser, 1999; Stumbo & Peterson, 1999, 2000). In fact, Bullock and Mahon (personal communication, October, 21, 1999) posited that leisure education is therapeutic recreation. Content analysis research suggested that leisure education is culturally encapsulated within an individualistic framework (Dieser, Fox, and Walker, in review). In leisure education there is a pervasive

tendency to overestimate internal factors of a person and underestimate social, situation, or other external variables. For example, these researchers found that in the past twenty years of leisure education research (1978-1998) only two of 19 research studies regarding leisure education had learning components that focused attention outside of the individual. That is, the overwhelming majority of leisure education interventions simply focus on having individuals change or modify some combination of their values, attitudes, skills, or knowledge concerning leisure.

Recently, some leisure scholars have questioned the manner in which recreation-based integration for people with disabilities, such as therapeutic recreation, has led to normalizing clients into dominant Western-based values. For example, in questioning leisure integration practices, Fox and van Dyck (1997) asked the poignant question, "Integration and inclusion begs the question — integration into what?" (p. 9). They answered this question by arguing that integration is often a process of bringing differentiated people into a dominant set of values and structures of an individualistic Euro-North American White able-bodied society.

Cross-Cultural Dangers in the Dominant Discourse of Individualism

The dominant discourse of individualism in North America can create harmful and dangerous consequences for people who do not embrace individualistic values. People are privileged when their beliefs, values, and behaviors conform to the dominant discourse and punished when their beliefs,

values, and behaviors diverge from the dominant discourse (Foucault, 1978). Assimilation and normalization into an individualistic lifestyle are possible damaging consequences that can occur when people of differing cultures live with the dominant norms of North American society. For example, collectivistic cultures (e.g., Native-Americans) give priority to the goals of one's group (Myers, 1993) and maintain values of interdependence, dependency, and group identity (Fish, 1996; Ho, 1994; Peregoy, 1993). The tensions that result from the pull of the dominant culture toward "normalcy" can lead to a host of unhealthy consequences and extra trauma for minority clients (Sue & Sue, 1990; Waldram, 1997). For example, in American Indian and First Nation communities the tensions that result from the pull of the dominant culture and tribal expectations to maintain traditional values can lead to drug and alcohol dependency, truancy, school failure and suicide (Red Horse, 1982; Shore, 1988; Waldram, 1997). Likewise, Segall, Dasen, Berry, & Poortinga (1999) underscored that people from minority cultures who have little possibility of cultural maintenance, due to the fact that their values differ from the dominant culture, experience serious psychological disturbances such as depression. Additionally, when people from differing cultures experience problems due to cultural dissonance, mainstream therapies, premised upon individualistic values and assumptions, can further harm the client or make the situation worse (Fish, 1996, Sue & Sue, 1990,

Waldram, 1997).[38]

Therapeutic Recreation Certification: Panoptical Disciplinary Techniques that Embrace the Dominant Discourse of Individualism

Using Jeremy Bentham's prison design as a metaphor, Foucault (1977) defined panopticon as a system of constant control of people via supervision.[39] That is, the panopticon creates a permanent and omnipresent surveillance that individualizes people by fixating a constant gaze (Foucault, 1977) and which prescribes an individualistic 'conduct of conduct' (Rose, 1998). In essence, the panopticon isolates and controls human bodies by disciplinary techniques via "instituting a system of records (with individuals files) . . . [and by] isolating and regrouping of individuals, localization of bodies . . . in short, the putting into place of a whole discipline of life, time, and energies (Foucault, 1997a, p. 35).

Discipline is detailed control of time, space, and modality of movement and thus manipulates attitudes (Foucault, 1977). Disciplinary techniques focus primarily on the human body as an object to be manipulated; the human body is constantly placed in areas of isolation where it must work independent of others (Dreyfus & Rabinow, 1983). That is, the strategies and architecture of disciplinary actions and sites estrange collectivism and place the human body

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Triandis (1995) reported that three-quarters of psychotherapists who work in the United States premise therapy on individualistic values.

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For an excellent and lucid physical and metaphoric description of Jerry Bentham's panopticon prison design see Shumway (1989). Furthermore, Foucault (1977) explains the panopticon in great detail and provides blueprints and drawings of Bentham's original prison design.

alone among others, thus making self-knowledge and the care of the self paramount (Foucault, 1997b). Perhaps this is why Foucault (1977) posited that "discipline makes individuals" (p. 170).

Moreover, panopticons are disciplinary techniques to individualized people for the purpose of developing a body of knowledge and creating "productive outcomes"(Foucault, 1977, 1980). In regards to human science, health experts managed people with illness via disciplinary techniques and thus contribute to the body of knowledge which sustains the individuation of people. That is, by monitoring and examining the consequences of people by disciplinary techniques greater knowledge is produced, which in turn, isolates (and controls) people in an eminent and meticulous manner (Foucualt, 1977).

Furthermore, Rose (1998) argued that the autonomous self (of the contemporary era) developed because the human body was pervasively and constantly placed under disciplinary techniques that held it as a separate and isolated entity. For example, Foucault (1973) highlighted that the architecture of medical assessment entails a detailed inventory focused solely on the human body. Additionally, Rose (1998) highlighted how the ethics of psychological therapy operate within a single a priori methods of a reflexive hermeneutics which assumes an independent self that can gain self knowledge and self mastery.

Drawing upon Foucault's (1977, 1978) academic work, the rest of this paper will articulate the manner in which the disciplinary techniques of the art of distribution, the examination, and the confessional are used simultaneously to

develop an archipelago of individualism and the construction of the certified therapeutic recreation specialist (CTRS).[40] Further, I will argue that the NCTRC is a panopticon that utilizes these individualistic-oriented disciplinary techniques in the certification process, and thus unknowingly sustains and reinforces individualistic notions as "common sense."

The Art of Distribution

According to Foucault (1977), the art of distribution is a disciplinary strategy that proceeds from a distribution of individuals into specific spaces, usually isolated from other people. That is, the art of distribution is individuation of space (Shogan, 1999). According to Foucault (1977) the art of distribution supervises and controls people as individuals:

> Each individual has his own place; and each place its individual. Avoid distributions in groups; break up collective dispositions; analyze confused, massive or transient pluralities. Disciplinary space tends to be divided into as many sections as there are bodies . . . Its aim was to establish presences and absences, to know where and how to locate individuals (p. 143).

Enclosure and partitioning, as principles of the art of distribution, create a separation among individuals so that inconveniences can be neutralized in order

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In this paper the art of distribution, examination, and confessional are explained as separate entities. However, considerable overlap exists among these disciplinary techniques — these techniques seldom function separately (See Foucualt, 1977, 1978). Furthermore, as I explain how these disciplinary techniques are linked to the therapeutic recreation certification process, it will become apparent that these techniques overlap in great detail.

for the individual to work independently (Foucault, 1977).

In the latter years of the eighteenth century the art of distribution became a dominant practice in health and medicine interventions in European-oriented capitalistic societies (Foucualt, 1973, 2000). Similar to capitalistic notions of isolating the body in relation to the translation of goods and services, health interventions also focused on individuals and held human bodies in isolation (Foucault 2000). In particular, the latter 18th century medical communities developed a structural discourse that fixated a permanent gaze on managing and treating individuals-as individuals:

> In order to be able to offer each of our patients a course of treatment perfectly adapted to his illness and to himself, we try to obtain a complete, objective idea of his case; we gather together in a file of his own all the information we have about him. We 'observe' him in the same way that we observe the stars or a laboratory experiment (Sournia, cited in Foucault, 1973, p. xv).

That is, European-oriented clinical practice was premised upon a person-centered approach.[41]

Furthermore, to better understand illness and prescribe health

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Although the art of distribution taken up in developing an individualized treatment plan (or person-centered approach) may seem universal in Euro-North American societies, such an approach can be highly inappropriate for clients who do not embrace individualistic notions (See Fish, 1996; LaFromboise, Trimble, & Mohatt, 1990; Sue, 1978; Sue & Sue, 1990; Traindis, 1995). For example, certain American-Indian and First Nation communities follow a collectivistic approach to health intervention (see Waldram, 1998).

interventions, the art of distribution extended it gaze to individual cases of the dead (Foucault, 1973). With a secretive existence, pathological anatomy developed

> dissection [that] was carried out under the cover of the shadowy twilight . . . at the approach of night, Valsalva slipped furtively into graveyards to study at leisure the progress of life and destruction; later Morgagni could be seen digging up the graves of the dead and plunging his scalpel into corpses taken from their coffins (p. 125)

Medicine and health research continued to develop from an individualized approach to the dead, treating each corpse as an isolated case (Foucault, 1973, 2000).

Additionally, Foucault (1977) underscored that the architecture of educational institutions illustrates the art of distribution — educational organizations assign bodies to individual spaces (e.g., individual desks lined in rows and columns) so that each individual can work independently or alone, while a single supervisor observes the entire learning machine with an omnipotent gaze. Educational endeavors that focus on individual student demonstration of rote information are premised upon individualism (Fromm, 1969; Illich, 1996) — individuals are assigned a slot and squeezed into an individualistic space (Illich, 1996). Accordingly, Bellah et al. (1991) argued that contemporary American education is premised upon individualistic values in which learning is primarily focused on individual performance via achievement

test scores which clearly distribute status among individuals: " . . . [traditional classroom learning is] a locus for individualistic competition of students pitted against each other for high places on the grade curve" (p. 172). The focus in American education is individual achievement (Bellah et al, 1991).

Beyond medical and educational practices, Rose (1998), drawing upon Foucault's work in the art of distribution, argued that the differing fields of psychology (e.g., counseling psychology, organizational psychology, social psychology) have been at the forefront of partitioning human bodies in isolation for the purpose of "improvement." That is, psychological ideals assign human bodies to individual spaces so that each individual can be managed and helped. Rose suggested that the differing fields of psychology, which use individualistic vocabularies, explanation, and techniques, heralded individuation of space pervasively through differing sites and disciplines (e.g., social services, organizational management, governmental programs) in an attempt to emulate medicine.[42]

This 'supervising of individuals as individuals' has extended outside of health professions. For example, Shogan (1999) exemplified how the making of high-performance athletes is premised upon disciplinary techniques, such as the

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Therapeutic recreation has also attempted to emulate medicine. For example, some therapeutic recreation scholars have suggested that therapeutic recreation specialists should diagnose and prescribe interventions similar to medical doctors (e.g., Austin, 1997; O'Morrow, 1980). Further, the NCTRC has been accredited by the National Organization for Competency Assurance which "parallels the standards followed in medicine by the American Boards of Medical Specialists . . . : (NCTRC, 2001).

art of distribution. Shogan accented the manner in which coaches of high-performance sport teams use the art of distribution to assess, supervise, and control the conduct of each individual athlete:

> Partitioning players in practices and competitions makes it possible for a coach to make an assessment of the differences in skill acquisition among players that enables further partitioning of players according to their level of skill. Distribution of players into designated spaces for skill acquisition allows coaches to *rank* players . . . The technologies that make up 'the art of distribution' — enclosure, partitioning, function, and rank — have the effect of demarcating athletes architecturally, functionally, and hierarchically (p. 22-23).

The art of distribution has whispered it laws and truths throughout discursive sites and practices in contemporary North-American life.

The Art of Distribution in the Therapeutic Recreation Certification Process

To this end, therapeutic recreation has also espoused the art of distribution as a pervasive and dominant common sense practice. The art of distribution is taken up during the therapeutic recreation certification process in two primary ways. First, unknowingly each student must demonstrate knowledge claims of therapeutic recreation practice which supports the notion that the art of distribution is a common sense practice. Second, the art of distribution is maintained during the writing of the actual certification examination, and thus is

perceived as a common sense practice.

Each student of therapeutic recreation must demonstrate knowledge claims that support the art of distribution as a common sense practice which "competent" professionals adhere to and maintain. The framework that guides the therapeutic recreation specialist to individuate clients is the **therapeutic recreation process**. That is to say, *the therapeutic recreation process is the art of distribution.* Knowledge of the therapeutic recreation process accounts for well over half of the content area of the certification exam — it is part of the assessment (14%), planning the intervention (20%) implementing the individualized intervention plan (21%) and the documentation and evaluation (13%) section areas of the certification examination (See appendix A regarding the conceptualization of knowledge on the certification exam).

During the therapeutic recreation process, an individual program plan is developed which is person-centered (Austin, 1996, 1998; Carter et al., 1995; Bullock & Mahon, 1996; Peterson & Stumbo, 2000). According to Austin (2000), the therapeutic recreation process has an overriding mission to focus on a client and consists of four broad steps. First, the **assessment** involves the collection of individual client information and the analysis of the data to determine the client's status. The end result is a personal therapeutic recreation diagnosis that identifies recreation and leisure problems (O'Morrow & Reynolds, 1989). Second, **planning** consists of setting priorities, formulating treatment goals and objectives, determining strategies and actions to meet the treatment goals and

objectives, and selecting methods to assess progress of the individual client. Planning is premised upon assessment findings. Third, **implementation** provides the therapeutic recreation intervention or program. In the implementation phase, the strategies and actions developed in the planning phases are employed. Fourth, **evaluation** determines client progress. All four steps of the therapeutic recreation process are guided toward helping the client as individuals (see Austin, 1996).

To exemplify how the art of distribution is ubiquitous in the therapeutic recreation process, two examples will be provided. First, in the popular introductory textbook Therapeutic recreation: An introduction edited by Austin and Crawford (1996), twelve of the thirteen case studies presented utilize the art of distribution to provide a person-centered approach. That is, clients are held in isolation to work on self-oriented goals and objectives from an individual perspective. For example, Lahey (1996) presented a case study of a 24-year-old White male who had an overall behavioral objective to express personal feelings in a journal while interacting in recreation and leisure with his support group. Instead of developing an intervention strategy that was aligned to group members (e.g., group-oriented process, teaching support members about leisure), the therapeutic recreation objectives isolated the client so that he could work on his treatment alone and independently.[43]

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The only therapeutic recreation case study that moved beyond isolating a client from others was Schleien and Fahnestock's (1996) intervention which had a goal to increase positive social interactions between students with severe multiple disabilities and their peers who were not disabled.

Second, table 6, adapted from Carter et al. (1995), clearly demonstrated how clients are isolated and individuated when an individual program plan is utilized during the therapeutic recreation process. During all four stages, a meticulous gaze is oriented on the client, whether it is collecting information about past behaviors, planning outcomes measure, documenting client progress, or completing a summative evaluation. To this end, the therapeutic recreation process consists of the individuation of space so that therapeutic recreation specialists can focus, supervise, and control clients as individuals.

The second way the art of distribution is taken up during the therapeutic recreation certification program is when students are individuated to write the actual certification exam. To this end, each student must explicitly comply with the art of distribution during the writing of the therapeutic recreation certification exam. That is, through an action of complicity, therapeutic recreation students become intertwined with the art of distribution while writing the certification exam.[44]

The certification exam creates an isolated site for individual students to demonstrate their knowledge of rote information. NCTRC illustrates the art of distribution -- it assigns human bodies to individual spaces so that it can judge, supervise, and control individuals (which are therapeutic recreation students).

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[44] Of course, the individuation of space as a common sense action to demonstrate knowledge (e.g. individual-oriented exams) is also reinforced through public schools and universities practices.

The supervising and controlling of 'individuals-as-indiviudals' are captured well in the following two statements from the NCTRC (2000a) booklet:

> About 10 days before the exam, the Chauncey Group will mail the exam admission ticket to *each candidate*. It will indicate the candidate examination number, exam date, reporting time, and the exam center address . . . *Each candidate* must bring the admission ticket or the authorization letter or fax to the center on the exam date. *Each candidate* will also need to present photo-identification and another form of ID for admission to the exam center. Candidates will not be admitted without these documents (p. 22, italic added).

> No visitors are permitted at the exam center . . . Candidates can be dismissed from the exam for . . . giving or receiving help on the exam (p. 23).

In these quotations, the individuation of space is clearly articulated — the therapeutic recreation student is controlled in an isolated environment as to where and when he/she must take the examination. Until 10 days before the exam, the candidate does not know the exam time or the exam center address, but what the candidate does know is that he/she must take the examination alone. During the actual exam, the bodies of each student are separated — each individual has his or her own place; and each place (desk) its individual. The actual exam scatters any type of collective effort — each individual works alone and independent.

The Examination[45]

Although the art of distribution can make it possible to individuate people, to cause a change in people, meticulous information about them is needed. According to Foucault (1977) the examination combines hierarchal observation and a normalizing judgement to qualify, classify, and intervene on individuals. Hierarchal observation directs an expert gaze onto individuals to gain precise information about them. Once detailed information is observed, normalizing judgements, which consist of interventions, occur to close the gap between "abnormal" and "normal" behavior. Hence, the examination is a method of measurement which creates interventions that control people toward standards of normalcy. Although the examination can take upon differing actions (observation of norms, classification of norms, standardized testing of norms) the examination sets standards, rules, and qualifications regarding normalcy (Foucault, 1997a). For example, Shogan (1999) reported how standards, rules, and qualifications are aligned with the examination in high performance sport. Coaches utilize the examination to develop comprehensive and detailed records of individual athlete performances to provide training interventions to close the gap between an individual athlete's performance and the standard norm of the activity.

The examination reinforced individualistic notions because it enabled

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I would like to highlight that Foucault's definition of the examination is different than the paper and pencil examination that takes place during the therapeutic recreation certification process. To increase clarity, the paper and pencil examination for therapeutic recreation certification will be referred to as the certification examination.

professionals to capture, judge, differentiate, and analyze *people as individuals* (Foucault, 1977; Rose, 1998). The examination further augments the notion of individuality via documentation (Foucault, 1977). Clinical documentation focused a meticulous gaze on individuals so that precise and detailed information about each client can be gathered (Foucault, 1973). The examination-documentation nexus that generated and announced the importance of the individual is captured in the following quotation by Foucault (1977):

> The examination that places individuals in a field of surveillance also situates them in a network of writing; it engages them in a whole mass of documents that capture and fix them . . . The examination, surrounded by all its documentary techniques, makes each individual a 'case' . . . The case is no longer, as in casuistry or juris-prudence, a set of circumstances defining an act and capable of modifying the application of a rule, it is the individual as he [or she] may be described, judged, measured, compared with others, in his [or her] very individuality; and it is also the individual who has to be trained or corrected, classified, normalized, excluded . . . the child, the patient, the madman, the prisoner, were to become, with increasing ease from the eighteenth century . . . the object of individual description and biographical account (p. 189-192).

Documentation, as a subset of the examination, focused an omnipotent gaze on the individual.

The Examination in the Therapeutic Recreation Certification Process

I will argue that during the therapeutic recreation certification process, the examination produces individualistic notions as common sense in two formalities. First, the certification process uses the examination (hierarchal observation and normalizing judgement) to qualify, classify, and control standards of normalcy *by analyzing therapeutic recreation students as individuals*. Second, the certification process requires therapeutic recreation students to learn knowledge that makes the explicit assumption that hierarchal observations and normalizing judgements (the examination) *of clients as individuals* are core competencies needed among certified therapeutic recreation specialists.

The first way that the examination occurs during the therapeutic recreation certification process is via the NCTRC utilization of hierarchal observation, normalizing judgement, and documentation to qualify, classify, and plan interventions *for individual students* to become certified. That is, by classifying and analysis therapeutic recreation students as individuals, the NCTRC implicitly reinforces individualistic notions as common sense practice.

The NCTRC hierarchal observation directs an expert gaze onto *individual students* to gain information about them. To apply for certification status, the therapeutic recreation students must disclose methodical, precise, and unerring information about oneself. For example, the NCTRC (2000b) requires all

applicants to provide a detailed description of academic field placements or employment experiences. The exact name and certification or social security number of the CTRS who supervised the student must be included. The field placement experience must be taken for academic credit as verified by official university transcripts (an official transcript that is dated, signed and/or sealed by the registrar's office from a university [see NCTRC, 2000a] is also required by NCTRC). Exact and complete dates, weeks, and hours of the field work or employment history must be articulated. Further, therapeutic recreation students must complete a *Field Placement Record Release and Authorization Form* and/or an *Employment Information Release and Authorization Form*. The *Field Placement Record Release and Authorization Form* must be completed by the CTRS supervisor and the *Employment Information Release and Authorization Form* must be completed by the candidates supervisor. In both cases, the NCTRC requests that the CTRS supervisor or employment supervisor include precise documentation about the individual candidate that may be of assistance to NCTRC in reviewing the application. Furthermore, the candidate must explain job duties in detail and/or complete a job analysis checklist about their individual field work and employment experiences. Once detailed information is observed, the NCTRC adopts a normalizing judgement that is acutely focused on the individual student which closes the gap between "abnormal" and "normal" therapeutic recreation competencies and behaviors.

The examination is also taken up by the NCTRC after completion of the

therapeutic recreation certification examination. After the certification examination, the NCTRC uses hierarchal observation and a normalizing judgement to analysis and classifies each individual student performance. The following quotation from the NCTRC (2000a) booklet clearly demonstrates how the NCTRC analyses therapeutic recreation students as individuals:

> If the candidate does not pass the examination, the score report will indicate that the candidate was unsuccessful in achieving the required passing scaled score. The score report of those who do not pass will indicate a scaled score between 20 and 54, along with diagnostic indicators for the seven content areas included in the exam. The diagnostic indicators are intended to help identify areas of strength and weakness (p. 28).[46]

This quotation exemplifies how human performance can be supervised and judged at the individual level. Analysis of the therapeutic recreation certification examination places therapeutic recreation students in a field of individual surveillance and situates them in documentation that capture them as individuals. Thus, because the therapeutic recreation certification process uses the examination to classify and control standards of normalcy *by analyzing therapeutic recreation students as individuals*, individualistic notions become

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[46] This direct quotation from the NCTRC (2000a) Certification Standards booklet explains that there are seven content areas. However, pages 23-27 of the same booklet outlines eight content areas.

common sense practice for the therapeutic recreation student.

The second way that the examination occurs during the therapeutic recreation certification process is due to the NCTRC's requirements that students learn knowledge that makes the explicit assumption that hierarchal observations, normalizing judgements, and documentation (the examination) *of individuals* are core competencies needed among certified therapeutic recreation specialists.

The therapeutic recreation certification content outline makes the explicit assumption that a certified therapeutic recreation specialist is a professional or expert that uses hierarchal observation and a normalizing judgement to analyses personal problems of a client and then suggest interventions to help them — client problems almost always rest within the client. Content areas such as the assessment (14% of the certification exam), planning interventions (20% of the certification exam), implementation of the individualized intervention plan (21% of the certification exam) and documentation and evaluation (13% of the certification exam) constantly direct a therapeutic recreation student's gaze toward *analyzing clients as individuals.* For example, Peterson and Stumbo (2000) posited that a therapeutic recreation assessment is

> the systematic process of gathering and analyzing selected information about an *individual* client and using the results for placement into a program(s) that is designed to reduce or eliminate the *individual's* problems or deficits with his or her leisure, and that enhances the *individual's* ability to *independently function* in leisure pursuits (p. 200,

italic added).

Likewise, Austin (2000) and Peterson and Stumbo (2000) articulated that documentation must focus on the individual in meticulous detail so that each client is observed and evaluated. In this regard, Baker's (1991) sarcastic criticism of therapeutic recreation documentation clearly demonstrated the hypercritical gaze that emphasizes the notion of focusing solely and meticulously on clients as individuals.

> It is important in human services to document just as much as one can . . . Get it all down, every dot, every burp, every groan, every flash of the eye — oh, what wonder we create when we have so much to document . . . Take a breather and visualize all the ink, all the paper with so many great gems of wisdom. Do you have your second wind now? Lets finish this important review, shall we? We document the pill that was given, that wasn't given, when it was given, how it was given, if lost, discarded, hopes for finding it, fluid intake and output, food eaten, food refused and vomited . . . (p. 35).

Furthermore, and as already articulated in this paper, the therapeutic recreation process and the individual program plan (see table 1), which encompasses a large portion of therapeutic recreation competencies, is premised upon hierarchal observation and a normalizing judgement. A therapeutic recreation specialist directs an expert gaze onto clients to gain information about them (hierarchal observation or assessment) and then uses interventions (normalizing judgements

or program plan, implementation, and evaluation) to close the gap between "abnormal" and "normal" behavior. The ultimate goal or normalizing function of therapeutic recreation is to development independent leisure functioning (ATRA, 1989, 1994; CTRS, 1995; NTRS 1994).

The Confessional

The confessional is an act of self-reflection during which an individual is exposed to an authority figure (Dreyfus & Rabinow, 1983; Foucault, 1978). In contemporary society the authority figure is an "expert," such as a psychiatrist, educator, psychologist, medical doctor, or therapist who has training derived from human and social sciences (Foucault, 1978). Foucault (1983) suggested that the contemporary confessional grew out of the Christian practice of purifying oneself via the technique of self-reflection and self-knowledge. According to Foucault (1997b) during the seventeenth century, the Christian confession, led by the Catholic Church, prescribed questions that demanded explicit answers about the details of an individual's life:

> Each person has the duty to know who he [or she] is, that is, to try to know what is happening inside him [or her], to acknowledge faults, to recognize temptations, to locate desires; and everyone is obligated to disclose these things either to God or to others in the community . . . (p. 242).

The confessional created a speaking self (Foucault, 1978) — a person who in isolation independently offers self-knowledge via self-reflection to an authority figure. With the guidance of the human sciences, Foucault (1983) suggested that

the contemporary self (which he called the California cult of the self), which is individualistic, was developed from disciplinary techniques, such as the confessional:

> In the California cult of the self, one is suppose to discover one's true self, to separate it from that which might obscure or alienate it, to decipher its truths thanks to psychological and psychoanalytic science, which is suppose to be able to tell you what your true self is (p. 245).

Regarding the contemporary use of the confessional, Foucault (1997b) suggested that "From the eighteenth century to the present, the technique of verbalization have been reinstated in a different context by the so-called human sciences in order to use them . . . to constitute, positively, a new self" (p. 249).

Hence, the assumption is that through self-reflection and self-examination, with the aid of an expert (e.g., therapeutic recreation specialists), one can learn self-knowledge. Furthermore, Foucault (1978) underscored that the confessional has become so pervasive throughout Western societies that it seems normal and natural to provide self-knowledge to discover one's 'true' self. Hence, "the obligation to confess is now relayed through so many different points, is so deeply ingrained in us, that we no longer perceive it as the effect of power . . ." (p. 60).

The Confessional in the Therapeutic Recreation Certification Process

Although the confessional can be espoused in differing contents of

therapeutic recreation (e.g., therapeutic recreation practice models), I will argue that the confessional is taken up in two primary ways during the certification process. First, the therapeutic recreation student must confess, in an individualistic method, personal information to a certified therapeutic recreation expert. Second, during the therapeutic recreation fieldwork experience, clients confess or disclose self-knowledge regarding personal experiences to the therapeutic recreation student. Hence, in the architecture of the certification process, the therapeutic recreation student is assigned an individual space to either articulate self-reflection or interpret self-expression. Throughout, therapeutic recreation competencies are cemented upon an individualistic architecture which frames a speaking subject who speaks in isolation and independently to an expert.

The eligibility process for the certification examination is a confessional in which the therapeutic recreation student must expose self-knowledge from an individual perspective to a figure of authority. The NCTRC (2000a) structured the certification review procedures so that "Only professional NCTRC staff holding the CTRS designation will review certification applications to determine whether NCTRC's CTRS certification criteria are met" (p. 9). Some of the questions that therapeutic recreation students must answer in meticulous detail are:

> Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of therapeutic recreation services . . . Explain any "YES"responses on an

> attached sheet of paper and provide any supporting documentation relevant to your response (NCTRC, 2000b).
>
> Any individual who has a physical or cognitive impairment or limitation that prevents him/her from taking the exam under standard testing conditions may request special testing arrangements . . . when submitting application/registration forms, include a separate letter describing the candidates disability or special need, the adaptions the candidate is requesting, and . . . documentation from a physician or appropriate authority (e.g., psychologist, vocational specialist, etc.) is required to confirm the candidate's special needs and testing adaption request. This document must be mailed with the exam registration form to NCTRC . . . After reviewing requests, the Chauncey Group will send a letter confirming any special arrangements (NCTRC, 2000a, p. 21-22).

Furthermore, if any concerns regarding verification of a student's physical or mental condition exist, the NCTRC executive director can request additional information from the applicant (NCTRC, 2000a).

These two quotations clarify that the certification process is premised upon individualism — the therapeutic recreation student must provide self-knowledge to a certified therapeutic recreation specialist from an individual perspective. That is, the systematic laws of certification hold a student isolated and alone and he/she must become a speaking self who provides personal

information so that NCTRC can *analyze the therapeutic recreation students as an individual.*

During the therapeutic recreation certification process, usually in the fieldwork experience, the therapeutic recreation student stops confessing to a therapeutic recreation "expert" and becomes the authority figure who now uses the therapeutic recreation process as a confessional to extract personal and self-information from *clients as individuals*. A sampling of three differing case studies reported in therapeutic recreation practice exemplify how therapeutic recreation specialists are authority figures who use the confessional to extract personal and self-information from *clients as individuals.*

First, Tate and Dieser (1997), who worked with a 17-year-old Caucasian male with polysubstance abuse and moderate conduct disorder, had the client self-report the following regarding family interactions (this occurred as part of a therapeutic recreation assessment):

> I was told that the family was going on a vacation to Lake Powell. The first morning everyone wanted to go water skiing early (5:00-6:00 AM). I was getting ready for a water skiing tournament in a couple of months. I wanted to ski by myself during that time because that is when there are perfect water conditions. I felt no one respected me. I then had a bad attitude all day. My stepfather then took off all upset. When we got home my mother and stepfather took off for Hawaii for a week to work things out. While they were gone I got caught drinking and with weed

> (marijuana). When they got back they made me go to the reservoir with them. At the reservoir they would not let me ski. They made me sit on the boat. They didn't even ask me about going on the boat. Later that day my stepfather and I were in the car driving when we came upon an accident. A young boy on a bike was hit by a car. My stepfather stopped and asked the boy if he needed some help. The boy responded no. My stepfather kept asking him, so the boy got upset and began yelling and swearing at my stepfather and told my stepfather to leave him alone. My stepfather got back into the car and yelled at me that I would never be allowed to water ski again and that he would never help me again. After this family vacation my drug use increased a lot. Three weeks later I was here (hospital) (p. 261-262).

After this confessional (and others), Tate and Dieser (1997) used recreation and leisure with self control therapy to improve the client's locus of control and perceived freedom.

Second, Bollin, Voelkl, and Lapidos (1998), who worked with an elderly couple in an at-home independence-oriented recreation program, had the couple self-reflect the following regarding past shared recreation activities:

Mrs. West: I remember I was planting flowers when Gerald first came over to my house to talk with me

Mr. West: You see I had seen Mrs. West at a mutual friend of ours' church. I was over visiting this woman and asked where Mrs. West lived because I knew she lived close by and then I went over to her house.

Mrs. West: I was really dirty and didn't really want to talk to him, so I just kept on planting flowers hoping he would go away. But he didn't. You should have seen the car he drove — it must have been as long as from here all the way to France.

Mr. West: But as I recall you never minded taking rides in that car!

Mrs. West: Yes, but you should have seen him take corners in it, by the time you got to the end of the street, the back of the car was finally turning the corner! And I guess the rest is history — we began dating. Gerald and I did a lot of traveling and we eventually married. (p. 57-58).

Bollin et al (1998) used such confessionals to stimulate shared recreation behaviors — Mr. and Mrs. West planted a garden together as part of their at-home recreation program.

Third, Mahon, Mactavish and Bockstael (2000), who had individuals with intellectual disabilities participate in a social integration, leisure and lifespan project, received the following confessional from a mother:

> I've been pretty good at trying to let him be independent. As a mom, it's really a pleasure to see, to know that he's going out, having a great time. But I still worry, you know, are they going to keep tabs on him? What's he going to do? Is he drinking drinks at the bar at the next table when nobody's looking? Sometimes he's probably done that . . . so I can't help worrying about what might happen when he's out there (p. 32).

Mahon et al. (2000) used this confessional (and others) to enhance community recreation opportunities for people with disabilities. All three examples clearly illustrate an act of self reflecting and self-reporting during which an individual is

exposed to an authority figure. These confessionals created a speaking self — a person who is situated as an individual who independently offers self-knowledge to an authority figure.

Conclusion

Foucault (1977, 1978) reported that disciplinary techniques develop an individualizing approach that becomes pervasive throughout differing domains and practices. Disciplinary techniques produce individualized treatment and, simultaneously, treatment creates a therapeutic space that individualizes bodies (Foucault, 1977, 1978). Throughout the art of distribution, the examination, and the confessional, human bodies are in isolation so that they can work independently. According to Foucault (1977) from these differing disciplinary techniques "the man of modern humanism was born" (p. 141).

The certification process of the NCTRC utilizes individualistic-oriented disciplinary techniques and unknowingly sustains and reinforces individualistic notions. That is, the NCTRC is constantly isolating and individualizing the therapeutic recreation student to such a degree that individualistic notions seem "common sense" and "normal." During the therapeutic recreation certification examination the NCTRC holds the body of the therapeutic recreation student in isolation so that the therapeutic recreation student can work independent of others (art of distribution). Furthermore, using hierarchal observation, normalizing judgement, and documentation (the examination) the NCTRC directs a meticulous gaze on *students as individuals*. Then the NCTRC expects therapeutic

recreation students to use hierarchal observation, normalizing judgement, and documentation to direct a gaze on *clients as individuals*. During the confessional, the therapeutic recreation student must self-reflect and provide self-information to a therapeutic recreation "expert" while held in isolation. In this regard, it is not surprising that individualistic notions are pervasive throughout therapeutic recreation definitions and mission statements (Peregoy & Dieser, 1997), therapeutic recreation practice models (Dieser & Peregoy, 1999), leisure education endeavors (Dieser, Fox, & Walker, in review) and therapeutic recreation integration practices (Fox & van Dyck, 1997).

If therapeutic recreation is to embrace diversity and multiculturalism, changes need to occur in its individualistic-based certification process. Professionalization practices, such as certification, can provide a false sense of security among practitioners and educators who provide shallow answers to paramount issues (Ellis, 1993). Perhaps a beginning step toward change is for therapeutic recreation professionals and institutions (e.g., ATRA, NTRS) to stop the uncritical acceptance of normalized rules of leisure service delivery (e.g., certification) and utilize critical theory and ontology as an ethical process (Fox, 2000). Accordingly, Sylvester (1996) argued that critical thinking should be a job skill among all therapeutic recreation professionals so that dominant societal values will not interfere with the needs of clients. In regards to therapeutic recreation, this may mean the disassociation of the "benefits of therapeutic recreation certification" as a sacred edifice, and the commitment to examine the

other half — the "problematic" aspects of therapeutic recreation certification.

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Table 6

Individual Program Plan

Assessment

1. Collect baseline data on the *client's* cognitive, social, physical, spiritual, and psychological behavior and leisure functioning
2. Summarize the *client's* strengths and needs

Planning the Individualized Program

1. Develop *client-oriented* long-term, short-term, and/or discharge goals
2. Develop *client-oriented* outcome measures
3. Develop *client-oriented* intervention strategies
4. Communicate (the individualized program) with the client, staff, and caregivers
5. Identify individual management precautions and contraindications
6. Develop a *client* schedule for interventions
7. Prepare staff and individual resources
8. Prepare a *client-oriented* (formative) evaluation plan

Implementation of the Individualized Program

1. Begin the *individualized* program plan
2. Monitor and document *client progress*
3. Adjust *client participation* based upon individual-oriented formative evaluation

Evaluation of client

1. Complete a *client-oriented* summative evaluation
2. Report evaluation results
3. Revise *individualized* program plan
4. Develop a *client-oriented* discharge or transition plan
   - -Summarize the clients progress
   - -Assess client's functional abilities
   - -Recommend client transitions
   - -Plan follow-up

Adapted from: Carter, J. M., Van Andel, G. E., & Robb, G. M. (1995). Therapeutic recreation: A practical approach (2nd ed.). Prospect Height, IL: Waveland Press.

Appendix 1: NCTRC Knowledge Areas for Certification Examination

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I. Background Information (8%)
- A. Leisure: Theories and Concepts
  - 1. Social psychology of Leisure
    - a) theories of human behavior change
    - b) perceived freedom
    - c) intrinsic motivation
    - d) locus of control
  - 2. Human growth and development
    - a) physical and emotional
    - b) factors influencing development
      - (1) socioeconomic
      - (2) cultural
      - (3) gender
      - (4) environmental
      - (5) educational
      - (6) leisure
- B. Therapeutic Recreation
  - 1. Concepts
    - a) holistic approach
    - b) recreative experience
    - c) treatment of pathology
  - 2. Models of service delivery
    - a) special recreation
    - b) leisurability model
    - c) activity therapy model
    - d) health protection/health promotion model
    - e) treatment model
  - 3. Practice settings
- C. Service Delivery Systems
  - 1. Health care
    - a) medical model
    - b) psychosocial rehabilitation model
    - c) health and wellness model
    - d) managed care
  - 2. Leisure services — community model
  - 3. Education and human services
    - a) education model
    - b) person-centered model

II. Diagnostic Groupings and Populations Served (14%)
- A. Cognitive Impairments (e.g., developmental disabilities)
- B. Physical Impairments (e.g., musculo-skeletal system impairments)
- C. Sensory and Communication Impairments (e.g., visual impairments)
- D. Psychiatric Impairments (e.g., personality disorders)

III. Assessment (14%)
- A. Purpose of Assessments
- B. Domains
  1. Cognitive
  2. Social
  3. Physical
  4. Emotional
  5. Leisure
  6. Background information
- C. Procedures
  1. Behavioral observation
  2. Interview
  3. Functional skills testing
  4. Current TR/leisure assessment instrument
  5. Other inventories and questionnaires
  6. Other sources of assessment data
- D. Processes of the Assessment
  1. Selection
  2. Implementation
  3. Interpretation

IV. Planning the Intervention (20%)
- A. Standards of Practice
- B. Program Design
  1. Establishment and selection of programs
  2. Nature and diversity of recreation and leisure activities
  3. Purpose and techniques of activity analysis
  4. Selection of programs, activities and interventions to achieve the assessed needs of the person served
  5. Assistive techniques, technology and adaptive devices
- C. Treatment Plan Development
  1. Methods of writing outcome-oriented goals
  2. Methods of writing behavioral objectives with established methodologies and time frames

D. Programming Considerations
    1. Role and function of other health and human service professionals and of interdisciplinary approaches
    2. Coordinating client's program/treatment with overall agency mission
    3. Advocacy for persons served
    4. Code of ethics in the TR field and accepted ethical practices with respect to cultural, social, spiritual and ethnic differences

E. Types of Programs
    1. Treatment
    2. Leisure education
    3. Community reintegration/transition services
    4. Recreation

F. Program Issues related to Impairments
    1. Impact of impairment on the person served
    2. Normalization, inclusion and least restrictive environment
    3. Architectural barriers and accessibility
    4. Societal attitudes
    5. Legislation

V. Implementing the Individualized Intervention Plan (21%)

A. Leadership Principles
    1. Individual
    2. Group

B. Intervention Techniques
    1. Behavioral management techniques
    2. Stress management
    3. Assertiveness training
    4. Remotivation
    5. Reality orientation
    6. Validation and value clarification
    7. Cognitive retraining
    8. Counseling techniques
    9. Sensory stimulation
    10. Social skills training
    11. Other activity intervention

C. Methods for Education and Incorporating Families and Relevant Others

D. Behavioral Change Principles

VI. Documentation and Evaluation (13%)
- A. Methods for Documenting Assessments, Progress/Functional Status, Discharge Plan
- B. Methods for Interpretation of Progress Notes, Observations, and Assessment Results
- C. Documentation Procedures for Program Accountability and Payment for Services
- D. Methods for Evaluating Agency/TR Service Program
- E. Methods for Quality Improvements

VII. Organizing and Managing Services (6%)
- A. Components of Agency/TR Service Plan of Operations
- B. Knowledge of External Regulations
  1. Accreditation standards and regulation (e.g., JCAHO)
  2. Legislation and regulations pertaining to TR
- C. Resources
  1. Fiscal
  2. Areas and facilities
  3. Networks
- D. Components of Quality Improvements
- E. Personnel, Intern and Volunteer Supervision and Management

VIII. Advancement of the Profession (4%)
- A. Professionalism
- B. Requirements for Therapeutic Recreation certification
- C. Professional Standards and Ethical Guidelines Pertaining to TR
- D. Public Relations, Promotion and Marketing of the TR Profession
- E. Knowledge of Professional Associations and Organizations
- F. Methods, Resources and References for Maintaining and Upgrading Professional Competencies
- G Role of Professional Collaboration in the Advancement of the Profession

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Adapted from: National Council for Therapeutic Recreation Certification (2000). Certification Standards. New York: National Council for Therapeutic Recreation Certification

CHAPTER IV

SUMMARY AND FUTURE PRACTICE

The African-American writer, Quant (1993), reported her first criminal act — as a youth (prior to the 1960's) she sneaked into a Whites-only playground and "tested every swing, looking for the best fit, and thought about the little white behinds that would sit in them the next day, behinds that would never suspect that their swings had been violated during the night" (p. 29). While she participated in this "deviant" leisure act, her mother stood watch at the bus stop "trying to look natural, as if she were just another colored lady waiting for a bus on a dark corner" (p. 29).

Although racial integration in the United States during the 1960's was deemed to be a "good thing," the African-American scholar hooks (1994) disclosed that moving to a White school was problematic: "Gone was the messianic zeal to transform our minds and beings that had characterized teachers and their pedagogical practices in our all-black schools. Knowledge was suddenly about information only. *It had no relation to how one lived, behaved*" (p. 3 italic added).

Although laws and civil rights have been developed to ensure the equal rights of people from diverse cultures (e.g., African-American, First Nation

people) in the United States and Canada, the three studies reported in this dissertation suggest that people from differing cultures are subjected to Euro-North American White individualistic dominant discourses in therapeutic recreation practice. That is, therapeutic recreation services may have no or little relation to how people from collectivistic cultures live and behave.

The combination of these three studies underscore that a dominant discourse of individualism is fraught in core body of knowledge elements of therapeutic recreation. Two concepts that make therapeutic recreation a distinct profession which separates it from differing leisure professions (e.g., community recreation, leisure programming, special recreation) and other human service professions (occupational therapy, physical therapy, social work) are therapeutic recreation practice models (Sylvester, Voelkl, & Ellis, 2001; Voelkl, Carruthers, & Hawkins, 1997) and leisure education (Bullock & Mahon, personal communication, October 21, 1999; Dunn, 1998; Peterson & Stumbo, 2000). Moreover, from a professional perspective, the therapeutic recreation certification process guaranties minimum professional competency levels and identifies a proficient therapeutic recreation specialist (Carter, 1989, 1998). To this end, Table 7 summarizes how individualistic notions, as core assumptions, models, and practices in therapeutic recreation, are situated in leisure education, therapeutic recreation practice, and in the therapeutic recreation certification process. Furthermore, Table 7, drawing upon future directions from the three studies presented in this document, provides an overall summary of

recommendations for future change.

The purpose of the first study was to investigate whether leisure education researchers have committed the fundamental attribution error. It can be concluded that collectively, leisure education researchers have indeed done so. In regard to practical implications, these findings highlight that leisure education researchers may be culturally or paradigmatically encapsulated within an individualistic framework. As mentioned in the literature review section of this dissertation document, the fundamental attribution error is associated with individualistic values (Iyengar & Lepper, 1999; Matsumoto, 1996). Furthermore, providing individual developmental models of leisure education, which focus on analyzing and changing internal attributes for people, for people who maintain collectivistic values, can have detrimental consequences (e.g., alcohol dependency, depression) (see Segall, Dasen, Berry, Portinga, 1999; Waldram, 1997).

In this regard, leisure education practice and research needs to be premised upon psycho-socio and cross-cultural literature and research rather than simple utilizing individual developmental models as a basis for leisure education practice. Moreover, cross-cultural leisure education models could be developed toward a specific culture. Additionally, leisure education endeavors can focus on leisure service delivery systems and attempt to change the system rather than blaming and changing the individual. For example, leisure education programs can be directed toward social organizations and institutions (e.g., family, schools,

churches) rather than simply educating the individual regarding leisure. Furthermore, to gain greater clarity and accuracy regarding the breadth of the fundamental attribution error, future content analysis research should be aimed at investigating whether the fundamental attribution error is also occurring in leisure education theory-based models.[47]

The purpose of the second study was to gain understanding of the manner in which certified therapeutic recreation specialists residing in Canada utilized therapeutic recreation practice models to manage cross-ethnic interactions in therapeutic recreation settings. Although the research findings suggest some (but few) positive cross-ethnic interactions (e.g., programming cultural activities), this study clearly highlights the idiocentric tendencies of certified therapeutic recreation specialists and the individualistic basis of therapeutic recreation practice. In particular, the voices of therapeutic recreation professionals articulated the purpose of therapeutic recreation and quality of life in the discourse of Euro North-American individualistic terms of personal choice, individual autonomy, selfhood, and independence. These concepts are not universal and are not appropriate for people who embrace collectivistic values.

However, what remains unknown is how therapeutic recreation specialists who utilized differing therapeutic recreation practice models (e.g., Aristotelian

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[47] As explained in first study, there are leisure education models that address social and external variables (e.g., Dattillo, 1994; Bullock & Mahon, 1997). These social variables simply are missing in research studies.

good life model [Widmer & Ellis, 1998]) manage cross-ethnic interactions in therapeutic recreation settings. Hence, future qualitative research is needed to explore cross-ethnic perspectives when differing therapeutic recreation practice models are utilized by therapeutic recreation specialists.

Furthermore, if therapeutic recreation professionals want to help people from differing cultures and ethnic background, they need to develop cross-cultural and diversity-oriented awareness, knowledge, and skills (Bedini & Stone, 2000; Peregoy et al., 1997). Furthermore, cross-cultural therapeutic recreation interventions can follow collaborative models of ethnic-oriented service delivery (see Herberg & Herberg, 1995). For example, therapeutic recreation practice aligned toward people from differing cultures can be premised upon cross-cultural collaboration and outreach programs.

The purpose of the last study was to provide a genealogy of how the therapeutic recreation certification process is situated in a dominant discourse of individualism. Through discourse analysis, this study underscored how the therapeutic recreation certification process uses individualistic technologies of discipline (the art of distribution, the examinations, and the confessional) to create individualistic actions as "common sense" or normal practice. Through the art of distribution, the examination, and the confessional, human bodies are in isolation so that they can work independently — and from these disciplinary techniques the concatenation of individualism occurred: "the man of modern humanism was born" (Foucault, 1977, p. 141).

The certification process of the National Council of Therapeutic Recreation Certification (NCTRC) utilizes individualistic-oriented disciplinary techniques and unknowingly sustains and reinforces individualistic notions. The NCTRC is constantly isolating and individualizing the therapeutic recreation student to such a degree that individualistic notions seem "common sense" and normal. Then the NCTRC expects therapeutic recreation students, as certified professionals, to treat *clients as individuals*.

In regard to future research, genealogical research needs to continue so that the dominant discourse of individualistic notions (and other dominant discourses) can continue to be unmasked and made visible. For example, the dominant concept of the person-centered approach can be analyzed historically to discover events that are invisible and masked. The person-centered approach is a "common sense" or normal process in therapeutic recreation that developed in a Euro-North American individualistic capitalistic society (see Foucault, 1973, 2000).

If therapeutic recreation is to embrace diversity and multiculturalism, changes need to occur in its individualistic-based certification process. Perhaps a beginning step toward change is for therapeutic recreation professionals and institutions (e.g., ATRA, NTRS) to stop the uncritical acceptance of normalized rules of leisure service delivery (e.g., certification) and utilize critical theory and ontology as an ethical process (Fox, 2000). Accordingly, Sylvester (1996) argued that critical thinking should be a job skill among all therapeutic recreation

professionals so that dominant societal values will not interfere with the needs of clients.

Although the findings of the three studies presented in this document underscore the ubiquitousness and pervasiveness of Euro-North American individualistic notions throughout the body of knowledge and professional practice of therapeutic recreation, there is room for optimism. First, and as found in the qualitative study reported in this document (study #2), therapeutic recreation specialists are aware of ethnic diversity and are struggling to find appropriate therapeutic recreation services for clients who are from ethnic minority backgrounds. Furthermore, some of these therapeutic recreation professionals have become critical of the scant attention of diversity issues in therapeutic recreation training programs and are actively searching to gain cross-ethnic understanding and competencies. Furthermore, in the past few years there have been more research and scholarship advocating the importance of understanding diversity and minority perspectives within therapeutic recreation (e.g., Dieser & Peregoy, 1999; Fox & van Dyck, 1997; Peregoy & Dieser, 1997; Sylvester et al., 2001) leisure services (e.g., Allison & Schneider, 2000; Chick, 1998; Floyd, 1998; Hutchison, 2000), and other human and health services (e.g., Schulman et al., 1999; Schram & Mandell, 2000). If therapeutic recreation is to be helpful for people from diverse background (e.g., people from ethnic minority backgrounds), there must be a constant focus on cross-cultural research, education, and practice.

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Table 7: Summary of Individualistic Notions in Therapeutic Recreation

Feature	Individualistic Notion	Recommendation for Change
Leisure education	1. Premised upon individual development (psychology) 2. Focused on changing internal attributes of clients	1. Premise leisure education on psycho-socio and cross-cultural literature and research 2. Develop cross-cultural leisure education models specific to a culture 3. Develop system-directed leisure education programs
TR practice models	1. TRS's are unknowingly idiocentric 2. Purpose of TR and quality of life is fraught with individualistic notions (e.g., personal choice, selfhood, individual autonomy & indepdendence)	1.Adopt cross-cultural curriculums into educational framework 2. Follow cross-cultural training 3. Develop collaborative models of ethnic-oriented therapeutic recreation service delivery aligned with ethnic cultures
TR certification	1. Utilization of disciplinary techniques (art of distribution, examination, and confessional to hold human bodies isolated and independent (individualistic notions)	1. Stop the uncritical acceptance of normalized rules regarding leisure service delivery 2. Develop critical thinking skills in educational and certification frameworks 3. Utilize critical theory and ontology as an ethical process